

HEALTH PROMOTING ACTIONS DEVELOPED BY STUDENTS IN HIGHER EDUCATION INSTITUTIONS

AÇÕES PROMOTORAS DE SAÚDE DESENVOLVIDAS POR ESTUDANTES NAS INSTITUIÇÕES DE ENSINO SUPERIOR
ACCIONES DE PROMOCIÓN DE LA SALUD DESARROLLADAS POR ESTUDIANTES DE CENTROS DE ENSEÑANZA SUPERIOR

Juliana Vieira de Moraes¹, Daiana Kloh Khalaf², Maria de Fátima Manrovan³, Ivonete Terezinha Schulter Buss Heidemann⁴, Carine Vendruscolo⁵, Bruna da Costa Bueno⁶.

ABSTRACT

Objective: To identify, based on the scientific literature, the health promotion programs and actions implemented in Higher Education Institutions. **Method:** integrative review whose search for studies was conducted in PubMed, Scientific Electronic Library Online, Coordination for the Improvement of Higher Education Personnel Periodicals and Virtual Health Library, from 2007 to 2021, using as search strategy the selection of articles based on the Health Science Descriptors. **Results:** 19 articles were included that present, as promoting actions, the practice of physical activity and changes in diet focused exclusively on students. **Conclusion and implementations for practice:** The highlighted actions were considered relevant for the development of health promotion, however, most studies presented momentary and punctual activities. Greater investments in health promotion policies in the university setting are suggested, considering the reality of the community in which the institution is inserted, as well as the structuring and programs aimed at health promotion.

Descriptors: Motor Activity; Health Promotion; School Health Services; Student Health Services; Universities.

RESUMO

Objetivo: Identificar, com base na literatura científica, os programas e ações de promoção da saúde implementados nas Instituições de Ensino Superior. **Método:** revisão integrativa cuja busca de estudos foi realizada na PubMed, Scientific Electronic Library Online, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior Periódicos e Biblioteca Virtual de Saúde, no período de 2007 a 2021, tendo como estratégia de busca a seleção de artigos baseados nos Descritores em Ciência da Saúde. **Resultados:** foram incluídos 19 artigos que apresentam, como ações promotoras, a realização de práticas de atividade física e mudança na alimentação com foco voltado exclusivamente para os estudantes. **Conclusão e implementações para a prática:** As ações destacadas foram consideradas como relevantes para o desenvolvimento da promoção da saúde, todavia, a maioria dos estudos apresentaram atividades momentâneas e pontuais. Sugerem-se maiores investimentos em políticas de promoção da saúde no âmbito universitário, considerando a realidade da comunidade na qual a instituição está inserida bem como a estruturação e programas voltados à promoção da saúde.


Descritores: Atividade Física; Promoção da Saúde; Promoção da Saúde dos Estudantes; Serviços de Saúde na Universidade; Universidades.


RESUMEN


Objetivo: Identificar, con base en la literatura científica, los programas y acciones de promoción de la salud implementados en las Instituciones de Enseñanza Superior. **Método:** revisión integradora cuya búsqueda de estudios se realizó en PubMed, Scientific Electronic Library Online, Coordination for the Improvement of Higher Education Personnel, Periodicals and Virtual Health Library, desde 2007 hasta 2021, utilizando como estrategia de búsqueda la selección de artículos basada en los Descriptores en Ciencias de la Salud. **Resultados:** Se


incluyeron 19 artículos que presentan, como acciones promotoras, la realización de prácticas de actividad física y cambios en la alimentación enfocados exclusivamente a estudiantes. **Conclusión e implementaciones para la práctica:** Las acciones destacadas fueron consideradas relevantes para el desarrollo de la promoción de la salud, sin embargo, la mayoría de los estudios presentó actividades momentáneas y puntuales. Se sugiere una mayor inversión en políticas de promoción de la salud en el ambiente universitario, considerando la realidad de la comunidad en que la institución está insertada, así como la estructuración y los programas dirigidos a la promoción de la salud.


Descriptores: Actividad Motora; Promoción de la Salud; Servicios de Salud Escolar; Servicios de Salud para Estudiantes; Universidades.


¹Federal University of Paraná/UFPR. Curitiba (PR), Brazil. ¹ <https://orcid.org/0000-0002-1777-7313>

²Federal University of Paraná/UFPR. Curitiba (PR), Brazil. ² <https://orcid.org/0000-0001-5770-7523>

³Federal University of Paraná/UFPR. Curitiba (PR), Brazil. ³ <https://orcid.org/0000-0001-7961-8273>

⁴Federal University of Santa Catarina/UFSC. Florianópolis (SC), Brazil. ⁴ <https://orcid.org/0000-0002-0058-5120>

⁵State University of Santa Catarina/UEDESC. Chapecó (SC), Brazil. ⁵ <https://orcid.org/0000-0002-5163-4789>

⁶Federal University of Paraná/UFPR. Curitiba (PR), Brazil. ⁶ <https://orcid.org/0000-0001-6015-3285>

How to cite this article

Moraes JV, Khalaf DK, Mantovani MF, Heidemann ITSB, Vendruscolo C, Bueno BC. Health-promoting actions developed by students in higher education institutions. J Nurs UFPE online. 2023;17:e254711 DOI: <https://doi.org/10.5205/1981-8963.2023.254711>

INTRODUCTION

Over time, the university has reassigned its social role, its mission, and its organization, being recognized as a space that develops learning processes articulated with the local and global reality.¹ In this context, in 1980 the Health Promoting Universities (UPS- in Portuguese) emerged, with the purpose of incorporating Health Promotion (PrS- in Portuguese) in the university environment based on the perception that the Higher Education Institutions (HEI) influence the living and health conditions of students, aggregating the health and education sectors.²

It is important to note that the Ottawa Charter (1986) listed five fields of essential actions to promote health: building healthy public policies; developing personal skills; creating environments conducive to health; strengthening community action; and reorienting health services.³ Among these, the environments conducive to health, in which the UPS are inserted, stand out. Thus, the university became a space for discussion about PrS, strengthened at the Eighth National Health Conference in 1986, whose concepts and objectives for Brazilian society were similar to those proposed during the First Global Conference on Health Promotion, in Ottawa, Canada, the same year.⁴

Another milestone related to the UPS is the Edmonton Charter of 2006 that contributed to its creation and consolidation by proposing the review of systems, processes, internal culture and its influence on the health and well-being of the individual and the university organization. This has enabled the university to take responsibility for contributing to improving the health and well-being of society through collaboration and networking.⁵

In the meantime, the Okanagan Charter (2015) broadened the view of the UPS by spreading in the university culture, aspects such as "compassion, well-being, equity and social

justice". It thus sought to improve the health of the people who live, learn, work, play, and love campuses by strengthening the ecological, inclusive, and collaborative practices of the university and general community.⁶

In view of the letters listed and the National Health Promotion Policies (PNPS- in Portuguese) of 2006, 2014, and 2017,⁷⁻⁹ it is considered that there is no way to think about education when disconnected from health and vice versa. However, it is necessary to create strategies that transcend traditional health services in relation to the academic community, considering that health is linked to academic achievement, quality of life, and economic productivity.¹⁰ Given the above, the objective of this study was to identify in the scientific literature the health promotion programs and actions implemented in Higher Education Institutions.

OBJECTIVE

To identify in the scientific literature the health promotion programs and actions implemented in Higher Education Institutions.

METHOD

This is a qualitative study of integrative literature review type, developed in six steps: research question; search for articles; data extraction and organization in spreadsheet; analysis of the included studies with interpretation of results and presentation of the review. This type of methodology allows the gathering and analysis of studies on a given theme or issue, contributing to the deepening of the topic.¹¹

In the first stage, which corresponded to the elaboration of the guiding question, the Population - Interest - Context (PICO) strategy was used, considering: (P) students; (I) health promotion; and (Co) higher education institutions.¹² Thus, the guiding question of the study was: which health promotion strategies and actions aimed at students are implemented by higher education institutions?

The selection of studies was carried out by two authors, independently and concomitantly, in July 2021 through online access to prominent databases in the health area: PubMed, Scientific Electronic Library Online, Coordination for the Improvement of Higher Education Personnel Periodicals, and the Virtual Health Library. The descriptors present in the Health Sciences Descriptors (DEcS) were crossed with the Medical Subject Headings (MeSH) terms, and the Boolean operators AND and OR were used, thus elaborating the search strategy based on the descriptors and controlled terms with the combination of the descriptors "health promotion" AND "students" AND "universities" OR "Higher education".

The inclusion criteria for selection of articles were studies available in Portuguese, English, and Spanish with full texts and available in the databases and selected databases from 2007 to 2021 and that answered the guiding question. This temporal cut is due to the institution of the Iberoamerican Network of Health Promoting Universities in 2007.

The process of screening the studies was based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and is described in Figure 1.

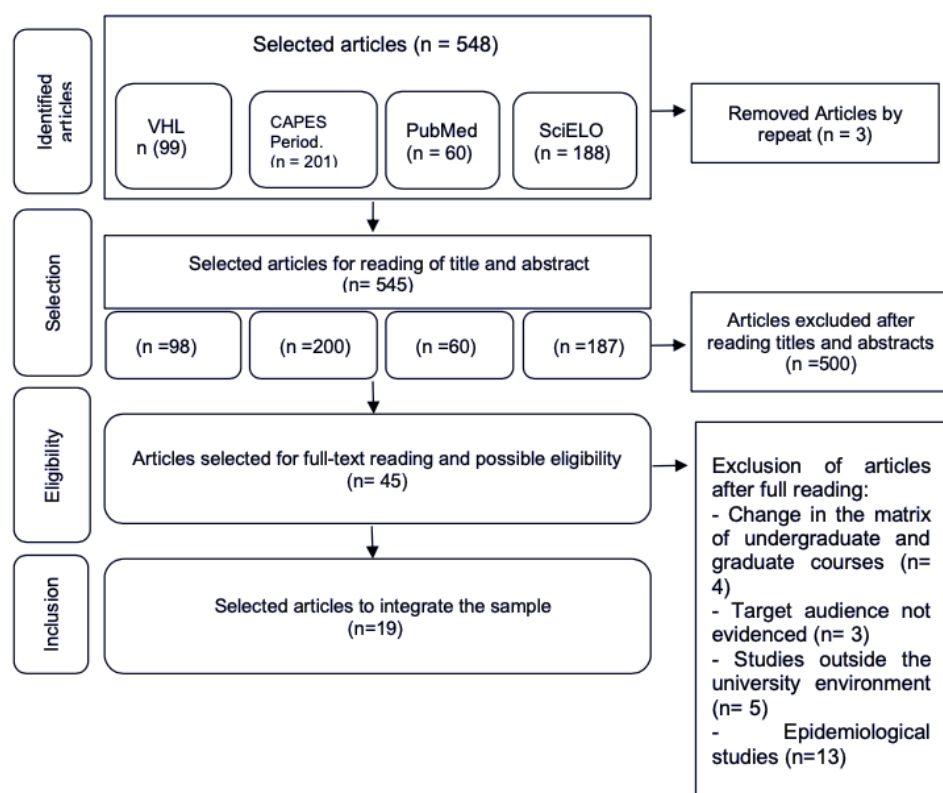


Figure 1 - Adapted Prisma Flowchart.¹⁰ Curitiba, PR, Brazil, 2022.

Access to the databases occurred between the months of July and January 2022. The analysis of the 19 articles was performed by the researchers according to the requirements of the UPS, based on the criteria of Good Practices for Health Promotion in Higher Education of the American College Health Association (ACHA). To facilitate the analysis of the articles, a Microsoft Excel® spreadsheet was built, in which the following items were described: title of the article, name of the authors, country of origin, year of publication, objective of the study, and PrS actions.

The review variables were based on the information available in the primary studies: interventions/programs and ACHA criteria, allowing visualization of the characteristics and increasing the interpretive scope of the selected articles.¹⁴ To extract the information contained in the primary studies, a Microsoft Office Word 2020 tool was prepared in the form of a synoptic table to record the seven variables presented above.

The interpretative analysis of the results of the articles included in the review, to answer our guiding question, was operationalized in a framework that guided the critical content analysis of the selected articles, based on the criteria previously defined in this integrative review (Table 1). This analysis allowed for the characterization of PrS programs based on the ACHA criteria.

RESULTS

The studies included in the literature review were developed in universities in different countries: United States of America;²⁵⁻²⁷ Portugal;¹⁵⁻¹⁷ Brazil;^{18,33} Australia;^{21,22,24} India;¹⁹ Israel;³² Colombia;²⁰ Sweden;³¹ Ecuador;²⁸ Poland;²⁹ Ghana;³⁰ and Germany.²³

Of the selected articles, most were published in the year 2019,²⁷⁻³¹ with a decrease in the years 2020 and 2021.^{31,33} In 2018, three articles were identified.²⁴⁻²⁶ Two articles^{22,23} were published in the year 2017. The years with a reduced number of publications were from 2010 to 2016. In the years from 2007 to 2009, no publications on the theme were identified.

To facilitate the analysis of the articles, a summary table was built (Chart 1), in which the objective of the article was described, and, through critical analysis of the selected contents, the characterization of PrS programs and actions, based on the ACHA criteria.¹⁴

PrS Interventions	ACHA Category(ies)
The study analyzed and compared the value system in Health Promotion and Education conveyed in courses in health, preschool, elementary school, and social work to understand the relationship between the conceptions to be taught and the conceptions taught. ¹²	<ul style="list-style-type: none"> • Socio-ecological Practices • Cultural Competence
In the study, sociodemographic and behavioral characteristics of the individuals were analyzed by means of questionnaires. ¹³	<ul style="list-style-type: none"> • Socio-ecological Practices • Cultural Competence
The study sought to test the effectiveness of the PPCppEi program in higher education, which seeks to promote self-awareness/self-concept/self-esteem, interpersonal communication, personal agenda management, teamwork, problem solving, observation/evaluation, planning, and reflection. ¹⁴	<ul style="list-style-type: none"> • Social-ecological practices • Theory-based Practices • Cultural Competence
The study analyzed the aspects that might interfere with well-being or hinder the individual's life activities, in addition to the positive health aspects. ¹⁵	<ul style="list-style-type: none"> • Evidence-Based Practice • Cultural Competence
The article checked the status of health service delivery systems in operation on the campus of higher education institutions in India. It sought to study the different operational models nationwide based on a structured questionnaire. ¹⁶	<ul style="list-style-type: none"> • Theory-based Practices • Cultural Competence
The study evaluated the experiences and voices of the managers of PrS programs and actions in Higher Education Institutions in Colombia, to address the culture built in the implementation processes of the approach in the context of universities. ¹⁷	<ul style="list-style-type: none"> • Integration with the mission of higher education • Socioecological Practice • Collaborative Practice • Cultural Competence • Professional improvement and ethical practice
The study assessed how PrS actions are being implemented in Australian universities. ¹⁸	<ul style="list-style-type: none"> • Social-ecological practices • Collaborative Practices • Theory-based practices • Cultural Competence • Professional improvement and ethical practice
The study made available an application with several functions, to monitor vital signs, activities performed, time, among other functions, to evaluate the quality of life of employees and students at a university. ¹⁹	<ul style="list-style-type: none"> • Integration with the mission of higher education • Socio-ecological practices • Collaborative Practices • Cultural Competence

The study addressed the physical and psychological preparation of health care students to provide practice in a Village and emphasized how important previous preparation is for welcoming/serving the community. ²⁰	<ul style="list-style-type: none"> • Social-ecological practices • Collaborative Practices • Theory-based practices • Cultural Competence • Professional improvement and ethical practice
The study conducted a survey, assessing health beliefs, past and intended future use of stress reduction techniques (SRTs). ²¹	<ul style="list-style-type: none"> • • Theory-Based Practice
The study conducted a public health course in which, as a step in the course, students were required in program planning to survey their peers about their experience with mental health and mental health resources. ²²	<ul style="list-style-type: none"> • Theory-based practice • Evidence-based practice • Professional Improvement and Ethical Practice
The study discussed the improvement of competencies related to Health Promotion and salutogenesis in line with the principles of the Brazilian Unified Health System (SUS) and public health policies, especially the National Health Promotion Policy. ²³	<ul style="list-style-type: none"> • Theory-based practice • Collaborative practice • Professional development and ethical practice
The study sought to compare students' online learning with an equal sample of college students enrolled in non-linear programs, drawn randomly from the NCHA IIb national data set. ²⁴	<ul style="list-style-type: none"> • Social-ecological practice • Theory-based practice
The study developed a Health Promotion Model, based on Nola Pender's study with the characteristics of the Metropolitan University of Ecuador. ²⁵	<ul style="list-style-type: none"> • Collaborative Practices • Theory-based practice • Professional development and ethical practice
This research project opted for an open approach to knowing reality based on qualitative methods of student coparticipation. ²⁶	<ul style="list-style-type: none"> • Social-ecological practice • Theory-based practice
A Likert scale was used to assess the respondents' attitude toward family planning methods of undergraduate students at the University of Education Winneba. ²⁷	<ul style="list-style-type: none"> • Socio-ecological Practices • Cultural Competence • Professional improvement and ethical practice
The study presents a study protocol aimed at having an impact on the issue of implementing educational programs for the health and social services professions, a healthier perspective on health-promoting factors for a sustainable professional life, starting during higher education. ²⁸	<ul style="list-style-type: none"> • Professional development • and ethical practice
The article sought to describe the implementation of the Israeli Ministry of Education's PrS policy in one of the country's main centers of higher education teacher training - the Oranim College. ²⁹	<ul style="list-style-type: none"> • Integration with the mission of higher education • Socioecological Practice • Collaborative Practice • Theory-Based Practice • Evidence-Based Practice • Cultural Competence • Professional improvement and ethical practice

It developed virtual sports actions, seeking to promote the health of the undergraduates and to reinforce the importance of sports for the well-being of individuals. ³⁰	<ul style="list-style-type: none"> • Social-Ecological Practice • Collaborative Practice • Theory-based Practice
---	---

Chart 1 - Synthesis and analysis of the articles that made up the integrative review. Curitiba, PR, Brazil, 2022.

In studies that brought analysis of students about the concept of health for them, a questionnaire was applied to health students with the following question: "Develop what is health promotion". In view of the answers given, it was observed that students, even in the health sector, belonging to the last years of the course, still replicate the concept of the Flexnerian model, in other words health as the absence of physical diseases.^{15,26,31} The study also showed that the action following this result was the implementation of workshops on the theme, however, this action did not change the conception of the students.³¹

Of the studies found, five^{15,18,24,26,31} addressed the PrS of students from health courses (pharmacy, nursing, psychology, and medicine). It is noticed that mental illnesses, especially depression, are the target of discussion and concern among students, who cite the high demands of the university and the academic pressures as facilitating factors for mental illness.^{16,19.}

Studies developed in Australia and Israel have shown a high concern with the physical and mental well-being of students, mentioning the mandatory investment in PrS programs in HEIs and the supervision of these actions by the institutions, seeking the implementation, evaluation, continuity, and improvement of old and new care strategies.^{31,32.}

Another study³⁰ evaluated the students' knowledge about contraceptive methods, with unsatisfactory results regarding the students' knowledge about family planning, proposing educational actions on the subject.

Regarding the insertion of PrS actions, the challenge is the need to expand them to the community, going beyond select groups (athletics, area, course or specific class).^{18,24,25,33}

However, it is necessary to recognize the specificities of each group; in this sense,^{ten15-18,20-23,30,32} of the articles highlight the concern with cultural and social diversity, mentioning and implementing programs on gender diversity, race, and social issues of women who are mothers.²⁹ It is identified that in six studies,^{15-22,30} there is concern about implementing preventive and systematic actions, noting that they do not cover the entire campus.

The articles analyzed presented as a product of the intervention the constitution of tools, such as: application for the academic community to monitor their vital signs, physical activities, among other functions;²² public health course, focused on mental health²⁵; and construction of a Health Promotion Model for the HEI.²⁸

Among the PrS programs, ten^{15,16,18,23-26,30,31,33} focused on undergraduate and *stricto sensu* graduate students (master and doctorate).

In one of the selected articles, a study¹⁷ was identified that evaluated the psychological conditions of students before and after the creation of support groups and activities, as well as the implementation of health units on campus, supported and managed by health professionals, observing a significant difference in academic performance of students after the institution of these health practices.

A study conducted in Israel,³² sought to evaluate and describe the implementation of a task force composed of officials from the Ministry of Education and the academic community, created to establish PrS in Israeli HEIs with guidelines for implementation. The study covered 11 universities in the country with actions such as: university garden, open air classes, resting and eating environment for the students, among others.

The study also evaluated the health policies on campus with actions promoting educational practices for self-care, projects aimed at establishing health services on campus and implementing daily, weekly, and monthly activities involving the academic community (students, faculty, and staff) and the general community.³²

Another study²⁷ applied a survey based on the National College Health Assessment (NCHA-IIb) in online and face-to-face students from different course periods. It was found that first-year undergraduate students have lower rates of psychiatric conditions and addictions (alcoholism and smoking) than students from the third year on, exposing the importance of developing PrS policies from the beginning to the end of their studies. It was also observed that online students had a higher rate of chronic diseases and sedentary lifestyles; however, the study does not discuss possible reasons for this result.

There is mention of the "SRTs" intervention program, whose technique is approached as a differentiating factor in the quality of life of students; however, the authors use as an argument the students' guilt about their health status, explaining that, although most students know about this technique, they do not use it.²⁴

Among the studies analyzed, one of them¹⁵ evaluated students during graduation and three years after graduation, concluding that the HEIs PrS policy should cover different dimensions, among them, that of implementing preparatory actions for the new burdens of professional life. Some selected articles evidenced that there is incentive to train the academic community (servers and students) and the general community based on work release and courses in different areas of knowledge.^{20,21,23,26,28,30-32.}

It was observed, based on the sample size, the low adherence of students to research that aims to improve the quality of academic environments, which may be related to disillusionment in the process of improving the university.¹⁸ As well as the limited scope of research for the entire university, related to the lack of financial support for research.

DISCUSSION

The ACHA criteria serve as a professional guide that supports and supervises sectors that facilitate PrS processes, serving as a basis for its practice in HEIs to support the quality of life of the academic community.^{1,14} Thus, the criteria of this document will serve as a basis for the discussion of our results.

Regarding the **criterion alignment with the mission of Higher Education**, the studies manifested the defense of quality of life, with the student as the central focus, for which institutional efforts allied to student success are justified. Seeking to implement PrS initiatives combined with academic purposes throughout the institution as an aid to time management.²⁵

Education-based PrS programs, when carefully thought out and implemented following a social basis, bring benefits in students' physical and mental health, emotional regulation, and academic performance.³⁴

Actions such as family planning innovate and provide advances for health practices in education, because, although before the focus was on reproductive health and obstetric care, currently, there is discussion in the field of sexual rights, abortion, and combating domestic and sexual violence within HEIs.³⁵ However, no study mentions health policies aimed at transgender and/or transsexual students, which shows that new studies should be conducted to evaluate this population that also occupies these spaces.

Regarding the Practice of social-ecological approach, it addresses the health and well-being of the university community in the intrapersonal (resilience, trust), interpersonal (support and reference, learning communities), and population (dissemination of information) spheres.¹⁴

There are studies that show a significant increase in obesity and sedentary lifestyles among college students, probably related to the recommendations made in all articles, i.e., about the need to create programs that involve physical activity and dietary changes.³⁶

In Saudi Arabia, research has shown that students had poor exercise practices and eating habits, even if they belonged to the health sector, because despite being fully aware of the importance of healthy habits, they did not adhere to the recommended good practices. It is also noteworthy that these health sector students choose fast-consumption and high-calorie products, which may be linked to the high demands of practical and theoretical classes.³⁷⁻⁴² In addition, the exposure of this group of students to stress negatively affects academic performance. These facts may justify the number of researches focused on the PrS of students in this sector.⁴³

The collaboration criterion focuses on the shared responsibility of community members to improve their health and well-being. Studies show that 75% of mental disorders occur before the age of 24. Students have a remarkable capacity to adapt to change, but factors such as smoking, family problems, and alcohol abuse significantly impede their development. Despite being a time of opportunity and identity exploration, this period comes with great instability and responsibility, putting vulnerable people at risk.⁴⁰

Thus, the university experience promotes the vulnerability of students to health risk behaviors and environments, which reinforces the interaction of environmental, cultural, and socioeconomic factors. Actions and strategies such as courses, group meetings, workshops, and health consultations are activities that make it possible to reach this group within the HEIs.^{26,40}.

Measures usually suggested to combat acute and chronic conditions is the improvement of lifestyles, showing and making individuals aware of these needs, their positive and negative impacts in the long term, however, the questions are raised: "what are the material conditions for physical exercise?"; "after the actions for changes in lifestyle, what will be the expected changes in the living conditions of this person so that he/she, in fact, can insert physical exercise into his/her daily life?"⁴²

Thus, it is demonstrated that the term "health promotion" is simplified in relation to proposals for changes in habits. However, PrS is carried out under complex interactions and depends on various factors and processes, and, opposing the biomedical model, this understanding is essential for the establishment of healthy environments.⁴⁰ It is noteworthy that the concept of PrS uses the terminology "co-responsibility", i.e., the responsibility is shared between the individual and the state about their health condition.

In this panorama, attributing only to the individual his/her capacity to change without considering the context in which he/she is inserted is mistaken, since it disregards the influence of the Determinants and the Social Determination of Health. Different authors deal with lifestyles in a diversified manner, since there are those who approach the conception of autonomy, treating the lifestyles of society, and the determinist authors who, in turn, bring the lifestyles as a reflection of society.⁴⁴

Thus, to perform PrS actions from the perspective of social determination of health goes beyond fragmented determinants and actions to reduce smoking, sedentary lifestyles, or healthy eating, because it is necessary to recognize that, behind these practices, there is a social construction based on the logic of cultural hegemony.^{40,44}.

Moreover, the inclusive practice includes the elaboration of PrS initiatives. It is also necessary to value specific and unique issues of the LGBTQIAPN+ group to understand and identify risk factors, and thus establish appropriate actions to meet their demands. The insufficiency of information linked to this group causes adversity to promote their integral health, to reduce discrimination and institutional prejudice. In addition to contributing to reducing inequities and consolidating the principles of the Unified Health System, since this public also belongs to the HEI environment.⁴⁵⁻⁴⁸.

The PrS actions identified had a particular target audience and theme but did not mention the context in which the individual is inserted. A study conducted in France explains that knowing the social, school, and economic aspects covers greater possibilities for the implementation and dissemination of health actions.³⁴ Incorporating the theory of social determination to this discussion, different social formations produce different ways of life, and depending on how they are articulated, different epidemiological profiles are formed in society.⁴⁴

The criteria of evidence-informed practice and theory-based practice complement each other, as these seek to understand evidence to plan, inform PrS processes and initiatives. This fervor for evidence-based practice has brought about theories such as NCHA-IIb and Nola Pender's model, used of theoretical frameworks and models that assist in designing, implementing, and evaluating individual and community PrS initiatives.

Thus, political and community commitment is important for the formalization of these and new theories and the designation and training of people to apply them. In addition to the collaboration between managers from different areas to develop and validate new instruments based on these theories, such as applications and courses.^{1,14}

As for professional improvement and ethical practice, it is concerned with continuous professional development to build skills and maintain up-to-date knowledge about the area of training. The bibliographic survey showed that HEIs encourage continuing professional development, especially for teachers, which reinforces the idea that past experiences, professional willingness, social convictions, and institutional support are necessary for improvement.^{26,27}

It is noteworthy that Continuing, Continuing, and In-service Education are frequently used in the health sector, and, because they are more financially accessible, they consist of continuous actions based on distinct methodological principles. They can also be applied together, allowing the development of professional abilities and competencies.^{26,49}

As for the service to the field, it seeks to contribute to the promotion of health-promoting practices that can gather interest and leverage the necessary resources for the development process and institutional change both on and off campus. The health policies created and that were mentioned in the studies^{15,21,32} presented convergence with the principles of the UPS. These conceptualize the process of formation of this network, bringing its historical process, objectives, and possible goals that, although referring to the participation of the academic community, emphasize the importance of awareness and assistance of managers, deans, and other groups with power to initiate changes, internal and external, mainly, physical in the HEIs.

There is a limited number of studies developed in higher education institutions that institute health-promoting practices in them. It is also noteworthy that most studies referred to momentary and punctual activities, making it difficult to analyze and apply the ACHA criteria.¹⁴

CONCLUSION

With the study, the relevance of implementing health promotion programs and actions in the academic community was identified, since students and servers have been spending more and more time in HEIs. Different PrS strategies were found, and there is no need to discuss which is the best theme or action implemented, but to understand the demands of the community that attends there.

A notorious consensus in the reading of the studies analyzed is the proof that regardless of the theory, applicability, time, and strategy, it is possible to perform health promotion in this community. In terms of the limitations of health-promoting actions, the lack of infrastructure and financial support from higher authorities stands out, which delays the development of research and health-promoting actions in HEIs.

Thus, for future studies, it is recommended that a comparative method of the results already obtained in these studies be used, highlighting actions and strategies considered more effective, for example, for improving diet and exercise, emphasizing that the specificities of each group, region, or country should be considered.

CONTRIBUTIONS

Study design: Juliana Vieira de Moraes; Daiana Kloh Khalaf.

Data collection: Juliana Vieira de Moraes; Bruna da Costa Bueno.

Data tabulation: Juliana Vieira de Moraes.

Writing of the text and standardization of norms according to the journal: Juliana Vieira de Moraes.

Revision and textual qualification: Daiana Kloh Khalaf; Maria de Fátima Mantovani; Ivonete Teresinha Schulter Buss Heidemann; Carine Vendrusculo; Bruna da Costa Bueno.

CONFLICT OF INTERESTS

Nothing to declare.

FUNDING

No financing.

REFERENCES

1. Gouveia MMW, Diniz AVS. Promoção da saúde mental de graduandos da UFPB: proposições para uma atuação institucional. 2020. Relatório técnico. (Mestrado Profissional em Gestão nas Organizações Aprendentes) — Universidade Federal da Paraíba, João Pessoa, 2020. Available from: https://repositorio.ufpb.br/jspui/bitstream/123456789/20386/1/MirtilaMarinaWoodGouveia_Dissert.pdf
2. Wharf JH, Lauzon LL, Yew AC, Bratseth CD, McLeod N. Wellness 101: health education for the university student. Marks R, editor. Health Educ. 2010;110(4):309–27. DOI: <https://doi.org/10.1108/09654281011052655>
3. World Health Organization. Ottawa charter for health promotion. Ottawa: World Health Organization/Health and Welfare Canada/Canada Public Health Association [Internet]. 1986 [citado 2019 dez 29] Available from: https://www.euro.who.int/_data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf
4. Malta DC, Reis AAC, Jaime PC, Moraes Neto OL, Silva MMA, Akerman M. O SUS e a Política Nacional de Promoção da Saúde: perspectivas, resultados, avanços e desafios em tempos de crise. Ciênc. Saúde Colet. 2018;23(6):1799–809. DOI: <https://doi.org/10.1590/1413-81232018236.04782018>
5. The Edmonton charter for health promoting universities and institutions of higher education [Internet]. 2006 fev; [citado 2021 dez 7]. Available from: http://www.gesundheitsfoerdernde-hochschulen.de/Inhalte/E_Gefoe_HS_internat/2005_Edmonton_Charter_HPU.pdf

6. Okanagan charter: an international charter for health promoting universities & colleges [Internet]. Kelowna, BC, Canadá; 2015 [citado 2021 dez 7]. Available from: <http://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf>
7. Brasil. Ministério da Saúde. Política Nacional de Promoção da Saúde (PNPS): revisão da Portaria MS/GM nº 687, de 30 de março de 2006. Brasília: Ministério da Saúde; 2006. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/pnps_revisao_portaria_687.pdf
8. Brasil. Ministério da Saúde. Redefine a Política Nacional de Promoção da Saúde (PNPS). Portaria Nº 2.446, de 11 de novembro de 2014. Brasília: Ministério da Saúde; 2014. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt2446_11_11_2014.html
9. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde (PNPS): Anexo I da Portaria de Consolidação nº 2, de 28 de setembro de 2017, que consolida as normas sobre as políticas nacionais de saúde do SUS. Brasília: Ministério da Saúde; 2018. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude.pdf
10. Brasil. Ministério da Saúde. Organização Pan-Americana de Saúde. Escolas promotoras de saúde: experiências do Brasil. Brasília: Ministério da Saúde; 2007. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/escolas_promotoras_saude_experiencias_brasil_p1.pdf
11. Polit DF, Beck CT. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 7th ed. Wyoming; 2009.
12. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer Integrative review: what is it? How to do it?. Einstein. 2010;8(1):102–8. DOI: <https://doi.org/10.1590/s1679-45082010rw1134>
13. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: the PRISMA Statement. PLoS Medicine. 2009;6(7):e1000097. DOI: <https://doi.org/10.1371/journal.pmed.1000097>
14. Standards of Practice for Health Promotion in Higher Education—Fourth Edition, 2019. J Am Coll Health [Internet]. 2019;63(2):158–60. [citado 2022 fev 3] Available from: https://www.acha.org/documents/resources/guidelines/ACHA_Standards_of_Practice_for_Health_Promotion_in_Higher_Education_October2019.pdf

15. Carvalho A, Carvalho GS. Efeito da formação nas concepções de saúde e de Promoção da Saúde de estudantes do ensino superior. Rev Port Saúde Pública. 2010;18(2):161-170. DOI: [https://doi.org/10.1016/S0870-9025\(10\)70007-9](https://doi.org/10.1016/S0870-9025(10)70007-9)
16. Brandão MP, Pimentel FL, Cardoso MF. Impact of academic exposure on health status of university students. Rev. Saúde Públ. 2011;45(1):49–58. <https://doi.org/10.1590/S0034-89102011000100006>
17. Dias IS. Promover a saúde no ensino superior: o exemplo do PPCppEi. Rev. Iberoam. de Educ. Super.[Internet]. 2012;3(8):104–14. [citado 2022 fev 3] Available from: http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S2007-28722012000300006.
18. Paro CA, Bittencourt ZZLC. Qualidade de vida de graduandos da área da saúde. Rev. bras. educ. med. 2013;37(3):365–75. DOI: <https://doi.org/10.1590/S0100-55022013000300009>
19. Yeravdekar RC, Yeravdekar VR. Healthcare delivery systems at higher educational institutions in India. Int J Prev Med. [Internet]. 2014;5(9):1203–9. [citado 2022 fev 3] Available from: <https://pubmed.ncbi.nlm.nih.gov/25317306>
20. Duarte-Cuervo CY. Comprensión e implementación de la promoción de la salud en instituciones de educación superior en Colombia. Rev. Salud Públ. 2016;17(6):899–911. DOI: <https://doi.org/10.15446/rsap.v17n6.44713>
21. Taylor P, Saheb R, Howse E. Creating healthier graduates, campuses and communities: Why Australia needs to invest in health promoting universities. Health Promot J Austr. 2018;30(2):285–9. DOI: <https://doi.org/10.1002/hpja.175>.
22. Salzwedel A, Rabe S, Zahn T, Neuwirth J, Eichler S, Haubold K, et al. User Interest in Digital Health Technologies to Encourage Physical Activity: Results of a Survey in Students and Staff of a German University. JMIR mhealth uhealth. 2017;5(4):e51. DOI: <https://doi.org/10.2196/msaúde.7192>
23. Hall B, Lorenzo A, Matte D, Mozolic-Staunton B. Evaluation of international service learning model of health promotion in a developing country. IJWIL [Internet]. 2018 [citado 2022 fev 3];19(4):399–412. Available from: <https://research.bond.edu.au/en/publications/evaluation-of-international-service-learning-model-of-health-prom>
24. Bistricky SL, Harper KL, Roberts CM, Cook DM, Schield SL, Bui J, et al. Understanding and Promoting Stress Management Practices Among College Students Through an

- Integrated Health Behavior Model. *J Health Educ.* 2017;49(1):12–27. DOI: <https://doi.org/10.1080/19325037.2017.1377651>
25. Gibbons S, Trette-McLean T, Crandall A, Bingham JL, Garn CL, Cox JC. Undergraduate students survey their peers on mental health: Perspectives and strategies for improving college counseling center outreach. *JACH.* 2019;67(6):580–91. DOI: <https://doi.org/10.1080/07448481.2018.1499652>
26. Dias LF, Vargas LG, Silva GM, Souza TG, Santos CAG, Raimondi GA, et al. Promoção da Saúde: Coerência nas Estratégias de Ensino-Aprendizagem. *Rev. bras. educ. med.* 2019;43(1 suppl 1):641–51. DOI: <https://doi.org/10.1590/1981-5271v43suplemento1-20190104>
27. Burcin MM, Armstrong SN, Early JO, Godwin H. Optimizing college health promotion in the digital age: Comparing perceived well-being, health behaviors, health education needs and preferences between college students enrolled in fully online verses campus-based programs. *Health Promot. Perspect.* 2019;9(4):270–8. DOI: <https://doi.org/10.15171/hpp.2019.37>
28. Aparicio CXP, Hernández FJB, Tamayo YG. Modelo de promoción de salud en la Universidad Metropolitana de Ecuador. *Medisur* [Internet]. 2019;17(6):903–6. [citado 2022 fev 3] Available from: <http://medisur.sld.cu/index.php/medisur/article/view/4363>
29. Kaszyński H, Ornacka K, Maciejewska O. Open spaces for dialogue promoting mental health as a social work education methodology. *Soc. Work. Educ.* 2018;38(1):103–1. DOI: <https://doi.org/10.1080/02615479.2018.1539069>.
30. Gbagbo FY, Nkrumah J. Family planning among undergraduate university students: a CASE study of a public university in Ghana. *BMC Women's Health.* 2019;19(1). DOI: <https://doi.org/10.1186/s12905-019-0708-3>.
31. Lindmark U, Ahlstrand I, Ekman A, Berg L, Hedén L, Källstrand J, et al. Health-promoting factors in higher education for a sustainable working life – protocol for a multicenter longitudinal study. *BMC Public Health.* 2020;20(1). DOI: <https://doi.org/10.1186/s12889-020-8181-3>.
32. Hof-Nahor I, Biswas S. Health Promotion in Israeli Colleges of Higher Education—The Example of Oranim College of Education. *Front. Public Health.* 2020;8. DOI: <https://doi.org/10.3389/fpubh.2020.00408>.
33. Borges ISC, Vieira ACN, Campos IS, Machado JK, Raimondi GA. Promoção da saúde e redução de vulnerabilidades por meio da prática da atividade física. *Rev. bras. educ. med.* 2021;45(2). DOI: <https://doi.org/10.1590/1981-5271v45.2-20200378>.

34. Jané-Llopis E, Barry M, Hosman C, Patel V. Mental health promotion works: a review. *Promot. éducat.* 2005;12(2_suppl):9–25. DOI: <https://doi.org/10.1177/10253823050120020103x>.
35. Martineau M, Beauchamp G, Marcotte D. Efficacité des interventions en prévention et en promotion de la santé mentale dans les établissements d'enseignement postsecondaire. *Santé mentale au Québec*. 2017;42(1):165–82. DOI: <https://doi.org/10.7202/1040249ar>
36. AL-Otaibi HH. The Pattern of Fruit and Vegetable Consumption among Saudi University Students. *Glob. J. Health Sci.* 2013;6(2). DOI: <https://doi.org/10.5539/gjhs.v6n2p155>
37. Khalaf A, Ekblom Ö, Kowalski J, Berggren V, Westergren A, Al-Hazzaa H. Female University Students' Physical Activity Levels and Associated Factors—A Cross-Sectional Study in Southwestern Saudi Arabia. *IJERPH*. 2013;10(8):3502–17. DOI: <https://doi.org/10.3390/ijerph10083502>
38. Al-Qahtani MH. Dietary Habits of Saudi Medical Students at University of Dammam. *Int. J. Health Sci.* 2016;10(3):353–62. DOI: <http://dx.doi.org/10.12816/0048729>
39. Saeed E, Assiri AM, AwadEljack I, Aljasser AS, Alhuzimi AM, Assiri AA, et al. Obesity and associated risk factors among students of health colleges of King Saud University, Saudi Arabia: A cross-sectional study. *JPM* [Internet]. 2017 mar; [citado 2022 fev 3];67(3):355–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28303981>
40. El Ansari W, Stock C, Mikolajczyk RT. Relationships between food consumption and living arrangements among university students in four European countries - A cross-sectional study. *Nutr. J.* 2012;11(1). DOI: <https://doi.org/10.1186/1475-2891-11-28>
41. Almutairi KM, Alonazi WB, Vinluan JM, Almigbal TH, Batais MA, Alodhayani AA, et al. Health promoting lifestyle of university students in Saudi Arabia: a cross-sectional assessment. *BMC Public Health*. 2018;18(1). DOI: <https://doi.org/10.1186/s12889-018-5999-z>
42. Albuquerque GSC, Silva MJS. Sobre a saúde, os determinantes da saúde e a determinação social da saúde. *Saúde debate*. 2014;38(103). DOI: <https://doi.org/10.5935/0103-1104.20140082>
43. Terp U, Hjärthag F, Bisholt B. Effects of a cognitive behavioral based stress management program on stress management competency, self efficacy and self-

esteem experienced by nursing students. Nurse Educ. 2019;44(1):1-5. DOI: <https://doi.org/10.1097/NNE.0000000000000492>

44. Centro Brasileiro de Estudos de Saúde. O debate e a ação sobre os determinantes sociais da saúde: posição dos movimentos sociais. Saúde debate [Internet]. 2011 nov; [citado 2022 fev 3];35(90):496-98. Available from: <https://cebes.org.br/o-debate-e-a-acao-sobre-os-determinantes-sociais-da-saude-cebesalames/38/>
45. Rocon PC, Wandekoken KD, Barros MEB, Duarte MJO, Sodré F. Acesso à saúde pela população trans no brasil: nas entrelinhas da revisão integrativa. TES. 2020;18(1). DOI: <https://doi.org/10.1590/1981-7746-sol00234>
46. Campos AGO, Bastos JB, Campos RCC, Ribeiro MA, Barros BTD, Barros RLM, et al. Preconceito e discriminação sofridos por pessoas transgênero em serviços de saúde: Revisão integrativa da literatura. Research, Society and Development. 2021;10(5):e26510514590. DOI: <http://dx.doi.org/10.33448/rsd-v10i5.14590>
47. Tavares TB, Nunes SM, Santos M de O. Obesidade e qualidade de vida: revisão da literatura. Rev. méd. Minas Gerais.[Internet]. 2010 ago; [citado 2022 fev 3];20(3):359–66. Available from: <http://rmmg.org/artigo/detalhes/371>
48. Querino MS, Almeida SS, Oliveira SCS, Umann J, Marciano de Moraes Filho I. Ações da equipe de enfermagem na implementação da política de lésbicas, gays, bissexuais, travestis e transexuais- revisão de literatura. REVISA. [Internet]. 2016 [citado 2022 fev 3];6(1):46–58. Available from: <http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/277>
49. Souza-Junior RJ, Cruz RCR, Cardoso-Brito V, Santos ELS, Fontes-Dutra M, Freitas IM, et al. COVID-19 e a promoção da saúde em tempos de pandemia. REAS. 2020;(46):e3837. DOI: <https://doi.org/10.25248/reas.e3837.2020>

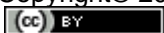
Correspondence

Juliana Vieira de Moraes.
E-mail: vieiramoraes@ufpr.br

Submitted: 01/08/2022
Accepted: 04/01/2023
Published: 03/30/2023

Section Editor: Ryanne Mendes
Scientific Editor: Tatiane Gomes Guedes
Editor-in-Chief: Maria Wanderleya de Lavor Coriolano Marinus

Copyright© 2023. Journal of Nursing UFPE on line/REUOL

 This is an open-access article distributed under the CC BY 4.0 [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by/4.0/), which permits others to distribute, remix, adapt, and create from your work, even for commercial purposes, if they credit you for the original creation. It is recommended to maximize the dissemination and use of licensed materials.