

# CONCEPTUAL PATH OF HEALTH PROMOTION: EXPERIENCE REPORT

## CAMINHO CONCEITUAL DA PROMOÇÃO DA SAÚDE: RELATO DE EXPERIÊNCIA

## CAMINO CONCEPTUAL DE LA PROMOCIÓN DE LA SALUD: INFORME DE EXPERIENCIA

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**Objective:** to report the experience of living with Nursing doctoral and master's students to generate reflections on concepts around health promotion. **Method:** experience report with literature review on the concepts: health promotion, self-determination, coping, resilience, self-care and domination. A question was generated for each concept and a drawing was elaborated, called "The path of self-knowledge for health promotion". **Results:** personal experience was a determining starting point for the involvement of all and for deepening the debate. The participation of the postgraduate students was above expectations, being possible to generate reflections around six fundamental concepts of health promotion. **Conclusion:** the experience with Nursing doctoral and master's students and their reflections led to the opportunity to humanize the academic discussion around dense themes of health promotion.

**Descriptors:** Health Promotion. Nursing. Education.

*Objetivo: relatar a experiência de uma vivência com mestrandos e doutorandos de Enfermagem para gerar reflexões sobre conceitos em torno da promoção da saúde. Método: relato de experiência com revisão da literatura sobre os conceitos: promoção da saúde, autodeterminação, enfrentamento, resiliência, autocuidado e dominação. Gerou-se um questionamento para cada conceito e elaborou-se um desenho denominado "O caminho do autoconhecimento para a promoção da saúde". Resultados: a experiência pessoal foi um ponto de partida determinante para o envolvimento de todos e para o aprofundamento do debate. Houve participação maior que a esperada dos pós-graduandos e foi possível gerar reflexões em torno de seis conceitos fundamentais da promoção da saúde. Conclusão: a vivência com mestrandos e doutorandos de Enfermagem e suas reflexões oportunizou humanizar a discussão acadêmica em torno de temas densos da promoção da saúde.*

*Descritores: Promoção da Saúde. Enfermagem. Educação.*

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*Objetivo: informar la experiencia de una vivencia con estudiantes de máster y doctorado en Enfermería para generar reflexiones sobre conceptos en torno a la promoción de la salud. Método: informe de experiencia con revisión de la literatura sobre los conceptos: promoción de la salud, autodeterminación, enfrentamiento, resiliencia, autocuidado y dominación. Se generó una pregunta para cada concepto y se elaboró un diseño llamado "El camino del autoconocimiento para la promoción de la salud". Resultados: la experiencia personal fue un punto de partida determinante para la participación de todos y para la profundización del debate. Hubo una participación más alta de lo esperado de los estudiantes de posgrado y fue posible generar reflexiones en torno a seis conceptos fundamentales de promoción de la salud. Conclusión: la experiencia con los estudiantes de máster y doctorado en Enfermería y sus reflexiones ha llevado a la oportunidad de humanizar la discusión académica en torno a temas densos de promoción de la salud.*

*Descriptor: Promoción de Salud. Enfermería. Educación.*

## Introduction

The concept of health promotion has been widely discussed in countries such as Canada, the United States and Western Europe, but, in Brazil, it is not yet fully applied to health practices, despite the publication of the National Health Promotion Policy (PNPS) in 2006<sup>(1-2)</sup>.

Health promotion, as described by the PNPS, is an innovative paradigm that articulates factors and determinants that influence human health, by unveiling cultural, geographical differences, vulnerabilities and personal characteristics. This strategy proposes the defense of equity and the incorporation of social control in the formulation and application of a nation's policies<sup>(2)</sup>.

Within the PNPS, health promotion proposes five axes of action originated in the Ottawa Charter: development and implementation of healthy public policies, creation of health-friendly environments, strengthening community action, developing personal skills and reorienting the health system. The PNPS, in line with the aforementioned framework, aims to promote quality of life and reduce vulnerabilities and health risks related to its determinants and conditioning factors<sup>(2)</sup>.

It is essential that the professional have contact with the reference of health promotion since his/her academic training, so that professional skills are built based on the reorientation of the current biomedical model. It is necessary to formulate strategies that prepare the nursing professional to use health promotion in his/her daily practice. Therefore, it is necessary to plan

relevant educational activities, supported by the understanding that every subject has essential knowledge, so that an articulation of love and exchange of experience can be established, starting from the daily life in which the student is inserted, that is, from his/her experience. It is emphasized that the planning of activities based on reflection stimulates transformative actions that favor the autonomy of professionals and users of the system<sup>(3-4)</sup>.

The training of health professionals should go beyond the simple provision of human resources to the health system. Training nursing professionals presupposes reflecting, individually and collectively, the different roles played by those agents of change. This new scenario raises the need for learning as the core of a transformative education, shaped by the disclosure of competencies, which should be planned for local contexts, considering the power of information and knowledge<sup>(5)</sup>.

Based on the principles set out above, it is believed that students can and should be protagonists in the teaching-learning process, so that the content worked really makes sense for their practice and can, in fact, transform it. Thinking about it, the opportunity to reflect on the paradigm of health promotion in a discipline of a nursing postgraduate course, with doctoral and master's students, emerged. In view of the successful results, this article was born with the objective of reporting the experience of living with nursing doctoral and master's students to

generate reflections on concepts around health promotion.

## **Method**

This is an experience report, which presents the path taken in an experience workshop to generate reflection on the main concepts around health promotion, based on the personal experiences of nursing postgraduate students (doctoral and master's students) from a public university in southern Brazil.

This Program uses, among its curricular activities, active methodologies, in which students and professors perform activities, encouraging mutual learning and the student's protagonism. In this scenario, the cross-sectional themes are shared with the doctoral and master's students at the beginning of the semester. At this moment, the class is divided into groups, which prepare the activities in order to promote dialogue and the exchange of knowledge and practices, based on the theorization of the themes, according to the syllabus of each discipline.

The workshop addressed by this report was developed on a class day of a discipline, aiming to reflect on the main concepts of the paradigm of health promotion. The method chosen to select the concepts to be worked was the broad reading of the articles and literature indicated by the professors at the beginning of the semester, followed by the election of the concepts that repeated most in the studies and were common discussions. This central theme allowed electing as the basis of the discussion the concepts of: health promotion, self-determination, coping, resilience, self-care and domination. In addition to having the reference of health promotion, the students were also based on the assumptions

of Paulo Freire, indicated in the syllabus of the discipline. According to these assumptions, education must take place based on the transformation of men and women, among whom relationships of care and affection are created, in an ethical and humanistic way, based on respect for the human being and his/her values and beliefs<sup>(4)</sup>.

The inclusion criteria for participation in the workshop were: to be a doctoral or master's professor or student from the nursing postgraduate program of a given federal university, to be matriculated in the health promotion discipline. Exclusion criteria were: students or professors not matriculated in the health promotion discipline or absent during the workshop application.

The population chosen to participate in the workshop consisted of 12 student nurses, who mostly reconciled exhaustive working hours with postgraduate studies. The workshop lasted approximately two hours and took place in a university classroom.

The method employed consisted of six sequential steps. First, a literature review on the concepts that would be proposed in the meeting was carried out, using scientific articles. The three students who were responsible for preparing the reflective activity previously summarized the concepts and generated a question for each of these. They subsequently elaborated a drawing entitled "Path of self-knowledge for health promotion", in which they inserted the questions. Thus, the participants were able to discuss and understand the concepts, and had to reflect on the answers based on their personal experience.

Figure 1 represents the path of the proposed dynamics.

**Figure 1** – Path of self-knowledge for health promotion

Source: Created by the authors.

## Results of the experience

The results point to the fulfillment of the objective of this study, which is to report the experience of living with nursing doctoral and master's students, based on reflections on the concepts around health promotion. The involvement of those students was higher than expected, because they were instigated to think about their own lives and not only that of their users or participants of care practice and/or their research. The main concepts discussed and the reports of the discussions of each of them are described below.

### *Self-determination*

This concept is described as “self-government”, or even “the power to decide on oneself”. Students brought up the fact that the word “freedom” comes to mind when thinking of self-determination. Another important point raised was the fact that “self-governing” in society can define limits in situations where freedom of

choice does not result in harm to other people, which is an ethical dilemma within the concept of self-determination<sup>(6)</sup>.

To this end, the group realized, in order to self-govern, the need to develop the ability to reflect on the limitations imposed continuously and based on which action is conducted. At the end of the discussion, based on their personal stories, the students had to answer the following question: What are your limits?

All of them were able to cite quickly their physical limits, but when proposed to deepen the reflection, more time was needed, so that they could report the real limits that could prevent self-determination, which made clear the need for more moments like this in the routine of postgraduate students, so that reflection is not disconnected from the action, as students and professionals. The main mentioned limits were the sedentary lifestyle, the scarcity of time and the short period dedicated to leisure and culture that foster the creative process necessary for any student.

### *Coping*

The coping was the second concept worked. It is considered as the ability to overcome the limits and difficulties in the present moment, that is, while they are still happening. It was proposed to read the excerpt of an article that triggered the discussion. In this study, the losses of family members were considered the most unfavorable situations in the participants' lives, even more than their chronic health conditions.

As supported by the theory of Stress and Coping<sup>(7)</sup>, elected for the discussion, coping is the ability derived from both the behavior and cognition of an individual, which helps to manage demands, when the own being thinks that his/her resources are being exceeded. Coping can be supported by two main functionalities: management of a stressful event or control of emotions arising from such event, that is, feeling satisfactorily stable, even if the stressful event has not been removed<sup>(8)</sup>.

Professores and students present in the workshop, after reading the proposed material, reported that coping with their difficulties was mainly focused on emotion and manifested itself through strategies of feeling of faith through work, the search for help from family and other significant people and participation in social groups (friends, family, church, university, physical activities and people they met because of common cultural activities). This discussion led to the following question from the group: Where do you find support to "cope" with your limits?

The objective of this questioning was to enable students, after reflection, to establish, on paper, a support network for coping with adversities. The answers were surprising. As in the study that had been exposed, family members were the main support network. Spirituality was also mentioned, but living with the groups was described as essential. Having friends physically close was an important source of strengthening cited for coping with limits.

The postgraduate students reported the importance of having illustrated, for themselves,

the numerous sources of coping they had in their lives, especially while they were living great challenges, moments in which there is the false idea of having few sources of support.

### *Resilience*

The concept of resilience has been worked since its origin, from Latin, *resilio*, *re* + *salio*, which means "to be elastic". It was explained that the resilience of a material is in the maximum deformation energy it is able to store without suffering permanent deformations, that is, its ability to return to the current state after being subjected to adverse conditions. The origin of the word facilitated the understanding of human-centered resilience. It was discussed that it would be the ability to respond to life demands positively, despite adversities<sup>(9)</sup>. Continuing the proposal to think about the own reality, the following question emerged: What brings you back to your balance?

Students expressed some difficulty in reflecting on their balance points. They also reported that they remained in imbalance for days, due to lack of time and excessive activities, without adhering to a more balanced routine. Despite the difficulty, after group reflection, contact with nature and meditation were the most cited activities as potentials to restore balance. Physical exercise was also one of the sources cited, although the vast majority reported that they resorted to such a practice less than they would like.

### *Self-care*

Self-care is, in a summarized way, an activity or action of the individual directed to him/herself. These are the activities performed for the benefit of the own life, health, pleasure and/or well-being<sup>(10)</sup>. After exploring such a concept, the postgraduate students were asked: What do you do for yourself?

The discussion of this concept was a moment of great exchange between the members of the group. It was an arduous task to put on paper

what they did as good and pleasurable, which was not directed at third parties. One of the participants reported feeling emotional, when she realized how little she was taking care of herself. Another student asked a new question: “How can the nurse who does not take care of himself care for another human being?”

These reflections led the discussion to extend and daily tasks were cited as self-care activities that promoted well-being in daily life. Having a long breakfast, accompanied by the family, cooking their own food in a healthy way, taking a calm bath and having a massage on their own feet were recognized as activities that, directed to themselves, should have more spaces in their routines.

### *Empowerment*

The concept of health promotion took much of the time of the activity, since it was necessary to explain how society had to empower itself to reach the concept we know today. Thus, it was seen that it was manifested from the origin of autonomy and social empowerment in the 1950s, with the feminist movement, in the 1970s, strengthened by the civil rights movement, in the 1980s, by self-help movements and in the 1990s by community psychology.

The promulgation of the Ottawa Charter at the First International Conference on Health Promotion in 1986 was discussed, which defines health promotion as the process that qualifies individuals and the community to have greater control over their own health, mobilizing personal and social resources<sup>(11)</sup>.

Anchored by Freire's framework<sup>(4)</sup>, the students recalled that the transformation of reality and the production of health and healthy subjects occurs through concrete social participation. The conceptualization allowed launching the following question: In which groups do you seek strengthening?

All the students agreed that the promotion of each one's health depended on the environment where they lived and the groups to which they belonged. The vast majority defended the need

for community empowerment through university representation councils and local and municipal health councils.

All agreed that those groups had the potential to establish actions that promoted individual and collective health. However, the majority mentioned the weakening of the groups due to the political moment they were in and the difficulties in establishing community objectives amid the polarization of ideas. The postgraduate students recognized that those facts hindered the development of community health promotion.

### *Domination*

The last concept addressed was “domination”, which always constitutes itself as a force (historically variable) that tends to prevent dominated groups or classes from understanding the size of the force that would give them the awareness of their strength<sup>(12)</sup>. Part of the study “Practical Applicability of Empowerment in Health Promotion Strategies” was also presented, proposed in the course's syllabus. This text reveals that attempts at external governability cannot simply be imposed on the subjects, because there will always be the possibility of reacting to power relations and changing them<sup>(13)</sup>. The discussion of domination led to the following question: Which discourse overpowers you?

Despite the delicate content of the issue, the participants discussed the matter clearly and harmoniously, with debates and without clashes. The main responses of professors and students involved the perception of how much the dominant discourses are veiled. The media was cited as an organ of power, but social networks were the most common responses. The answers also reported that they often measured their own level of success based on the dominant discourse of social networks, by selling that all others are successful and happy in all areas of their lives, full-time. In fact, the discourse of social networks was unanimously pointed out as the one that exercised power over their lives at that time. This was associated with the presence of social networks daily in the lives of all and of

work discussions and studies being increasingly carried out in this way, which prevented the healthy distance from such networks for prolonged periods.

The participants reported that, despite having critical judgment to distinguish that the comparison with what is visible on social networks is not healthy, they ended up doing it involuntarily, due to the exposure to them. They concluded that social networks were necessary and useful when carefully used, but could also harm mental health, when they started to exercise domination over the way people saw themselves.

The purpose of the reflections was to seek to apprehend ways of qualifying the care they provided to people in their work activities. Therefore, it was evident that little was discussed about possibilities to promote their own health, so that care based on health promotion was something more applicable to their work context. To this end, it was evident that knowledge should be acquired based on the students' own experience and daily life.

The activity allowed the immersion of the group in the theme and the interaction with a deeper level of abstraction by the group. It was possible to discuss with quality scientific information and a model of discussion of deeper concepts was created, based on personal reality, which presented conditions to involve the participants and increase the chances of learning.

The action provided students with an interface between theoretical, philosophical and etymological knowledge of the concepts addressed and community daily life and experience. Thus, the action humanized the exchange between professors and students. Thus, the term humanization encompasses the interactive faces that allow people to develop personal characteristics of human coexistence that, consequently, promote the transformation of their contexts<sup>(14)</sup>.

The personal history of the postgraduate students was valued and they were the protagonists of the meeting. Teacher education needs to prioritize human interactions. To this

end, it must prioritize dialogue and collectivity in all formative meetings. Discussing teaching roles is important for students to transform and develop criticality and increasingly advocate the creation of spaces for reflection<sup>(15)</sup>.

Activities such as these have their importance justified in the contemporary context, which still portrays a teaching activity lacking training directed to the practice, based on reality. Thus, the process needs to foster the autonomy of the student and develop teaching-learning with the student as the protagonist, not only based on the figure of the professor as holder of knowledge. The activities that favor the discussion and creativity of the students distance themselves from the mere transmission of contents that, in turn, focuses only on theoretical knowledge, without assuming a formative character<sup>(13-14)</sup>.

In this perspective, the methodology used by students for seminars and activities proposed in postgraduate programs is considered relevant, as it has the potential to deepen reflections and involve students in the teaching-learning process effectively.

## Conclusion

It is believed that, in this work, the objective of reporting the experience of living with Nursing doctoral and master's students, based on reflections on the concepts around health promotion, using active methodologies as tools to innovate in the teaching-learning process in the context of nursing postgraduate teaching was fulfilled. The integration between theoretical/conceptual knowledge and the reality of life of the students was used. The report of the study demonstrated the need to involve the students, so that they had the opportunity to reflect and rethink their own daily life within the subjects proposed by the syllabus of the disciplines.

The workshop provided the approximation between professors and students, the sharing of similar experiences and the exchange of coping mechanisms used by the group. The students' evolution regarding the fixation of the contents more easily was significant, but the opportunity

to humanize the academic discussion around dense themes was undoubtedly the highlight of the activity.

The workshop developed is believed to have the potential to be applied in other disciplines and in other contexts, maintaining the success described in this work. The action provided an interface between the theoretical, philosophical and etymological knowledge of the concepts addressed with daily life and the experience in the students' community.

### Collaborations:

1 – conception, design, analysis and interpretation of data: Maria Alice de Freitas, Angela Maria Alvarez, Ivonete Teresinha Buss Schuller Heidemann, Jeane Barros Souza Lima, Eurico Mateus Sili and Orlando Justo Chipindo;

2 – writing of the article and relevant critical review of the intellectual content: Maria Alice de Freitas;

3 – final approval of the version to be published: Maria Alice de Freitas.

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