



## Conception of undergraduate nursing students on the practice of health education on first aid

Concepção de graduandos de enfermagem sobre a prática de educação em saúde em primeiros socorros

Concepción de estudiantes de enfermería acerca de las prácticas de educación en salud en primeros auxilios

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**Objective:** to present the conception of undergraduate nursing students participating in an integrated project on health education on first aid. **Methods:** qualitative research conducted at the Universidade Estadual de Londrina with five senior nursing students, participating in the project “Nursing in clinical and surgical urgent and emergency care.” We applied semi-structured interviews with content analysis. **Results:** the following categories emerged: Health education as a facilitator for academic learning; Health education on first aid as a facilitator in the construction of teacher competence in future nurses; Feelings experienced by students when performing health education on first aid. **Conclusion:** participating in health education enables the consolidation of the teacher competence of nurses advocated by the National Curriculum Guidelines. **Descriptors:** Nursing; Health Education; First Aid.

**Objetivo:** apresentar a concepção de graduandos de enfermagem participantes de um projeto integrado acerca da educação em saúde sobre primeiros socorros. **Métodos:** pesquisa qualitativa desenvolvida na Universidade Estadual de Londrina com cinco acadêmicos do último ano da graduação em enfermagem, participantes do projeto “Enfermagem nas urgências e emergências clínicas e cirúrgicas”. Utilizou-se entrevista semiestruturada com Análise de Conteúdo. **Resultados:** emergiram as categorias: A educação em saúde como elemento facilitador para o aprendizado do acadêmico; A educação em saúde sobre primeiros socorros como elemento facilitador na construção da competência de educador no futuro enfermeiro; Sentimentos vivenciados pelos acadêmicos ao desenvolverem educação em saúde sobre primeiros socorros. **Conclusão:** a participação na educação em saúde proporciona sedimentação da competência educadora do enfermeiro, apreçada pelas Diretrizes Curriculares Nacionais.

**Descritores:** Enfermagem; Educação em Saúde; Primeiros Socorros.

**Objetivo:** presentar la concepción de estudiantes de enfermería que participan de un proyecto integrado de educación en salud sobre primeros auxilios. **Métodos:** investigación cualitativa, desarrollada en la Universidad Estatal de Londrina, Brasil, con cinco estudiantes del último año de enfermería de pregrado, participantes del proyecto “Enfermería en urgencias y emergencias médicas y quirúrgicas”. Se utilizó entrevista semiestructurada con Análisis de Contenido. **Resultados:** emergieron las categorías: Educación en salud como facilitador para aprendizaje del estudiante; Educación en salud sobre primeros auxilios como facilitador en la construcción de la competencia de educador del futuro enfermero; Sentimientos experimentados por estudiantes para desarrollar la educación en salud sobre primeros auxilios. **Conclusión:** la participación en la educación en salud ofrece sedimentación de la competencia educadora del enfermero, proclamada por las Directrices Curriculares Nacionales.

**Descriptores:** Enfermería; Educación en Salud; Primeros Auxilios.

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## Introduction

Globalization of recent years has generated many changes in society, with an increasingly need to develop the individuals' autonomy facing their health-disease process. In this context, health education, also called popular education, emerges as a powerful instrument to promote health and provide the empowerment of individuals and communities. This moves away from a purely transmission-based teaching practice, as it used to be in the past, based on the idea that educational activities seek to promote the autonomy of individuals with regard to health issues, without the counseling or supervision of health professionals<sup>(1)</sup>.

This need for change reflects on the formation of human resources for health, including nurses, who start having a key role in the educational practices addressed at the population. For this reason, it is important to adapt the education, the knowledge produced and the services offered to the population based on the social needs, which is still far from ideal<sup>(2)</sup>.

Nurse educator role, specifically for health education, should be developed still on their academic life. According to the National Curriculum Guidelines for Undergraduate Nursing Courses, nurses must have specific skills and abilities that allow, among other things, "to attend to regional health specificities through strategically planned interventions, on the levels of health promotion, prevention and rehabilitation, giving full attention to the health of individuals, families and communities"<sup>(3,2)</sup>.

As for the professional practice, Law 7,498 regulates the educational practice performed by nurses. Specifically on health education, Article 11 of this law states that nurses perform all nursing activities and, as part of the health care team, shall be responsible for the education aiming to improve the health of the population<sup>(4)</sup>.

The whole issue of providing conditions for the empowerment of population in improving health conditions also works with regard to emergency services, since it is known that the actions performed in the emergency event site strongly influence the victim's survival. In this context, it is assumed that training laypersons for this type of assistance is inherent in the perception that their participation in the initial first aid care of any type of event/accident is extremely important and beneficial.

In this scenario, the project that integrates teaching, research and extension entitled "Nursing in clinical and surgical urgent and emergency care", in the Department of Nursing of the Universidade Estadual de Londrina, intends to provide the integration of knowledge about the care in pre-hospital, in-hospital and laypersons environment about emergencies. It enables the contact between undergraduate nursing students and the community in training on first aid, discussing and sharing knowledge about the theme.

This integration with laypeople represents a significant experience with regard to the construction of knowledge and the creation of subsidies for community safe and appropriate actions concerning their health needs, including emergencies. Additionally, it inserts academic training in local contexts, bringing active nurses in knowledge dissemination, and acts as a facilitator of early and appropriate triggering to specialized care.

Understanding that health education is a factor for health promotion, this study aimed to present the conception of undergraduate nursing students participating in an integrated project on health education on first aid. With the constructs derived from this research, we believe it is possible to increase the knowledge on the subject and therefore contribute to the theoretical framework that perfects both nursing training for health education and the need for integration between teaching and community empowerment in the process of individuals' empowerment for their health-disease process.

## Method

This is a descriptive qualitative research conducted at the Universidade Estadual de Londrina with five senior nursing students participating in the project "Nursing in clinical and surgical urgent and emergency care". It also comprises three resident nurses of the Residency Type Specialization Course in Adult Intensive Care, five students of the fourth year and six from other years of undergraduate nursing.

Fourth grader students were chosen due to their longer participation in the training provided to the public. Data collection took place in November 2012, through semi-structured interviews recorded in audio and guided by an instrument consisting of two open questions: How did you feel providing first aid training for laypersons? How important is the experience of performing health education on first aid for your nursing professional training?

Each participant was submitted to a single interview with an average length of 12 minutes. The speeches were transcribed through listening and verbatim typing of statements, maintaining the personal language of individuals, regardless of pause, behavioral or physical aspects demonstrated by students.

After transcribing the speeches, data were processed by Content Analysis, comprising the steps: pre-analysis, exploration of the material, and analysis of results with inferences and interpretations. Pre-analysis is the moment to organize the material. At this stage of analysis, we transcribed the recorded speeches of the subjects in order to form the corpus of the text to be worked with, the data in its raw state. In summary, this is the data editing. After this first moment, it was performed the so-called "fluctuating reading", which constitutes a listening that should not focus initially on any discursive elements, rather pay equal attention to all that is read. With this reading, the indexes were chosen, which are text corpus cuts

arising from the guiding question in line with the objective of the study. The most frequent themes were listed as indexes<sup>(5)</sup>.

Once we found the indexes, as the first step of material exploration, the coding started, in other words, transforming raw data into nucleus of meaning. At this point, after several readings of cut indexes of textual corpus, we identified themes that released themselves naturally from writing, which constituted the registration units. From the identification of registration units, it was possible to list the categories that emerged from the data. Categorizing means sorting constituent elements of a set through differentiation followed by regrouping according to analogy and pre-established criteria. Therefore, categories are classes that combine groups of registration units according to common characteristics, being a process of educational and scientific presentation of results and discussion<sup>(5)</sup>.

Finally, we began the processing of results, during which inferences and interpretation of the findings took place, based on the pertinent literature on the theme and examples using the participants' speeches. To preserve the anonymity of academics, the lines used as examples for presenting the results were coded as SI1 to SI5 (student interview one to student interview five). The relationship between the data obtained and the theoretical foundation provided meaning to the interpretation. Interpretations that lead to inferences are always trying to look for what is hidden beneath the apparent reality, which actually means the speeches pronounced, what some apparently superficial statements mean in depth. They correspond to the processing of raw data in order to become meaningful<sup>(5)</sup>.

It is worth highlighting that the research occurred after the project approval by the Research Ethics Committee of the Universidade Estadual de Londrina under Protocol No. 295/2011.

## Results

The research participants included one male and four females, aged between 21 and 23 years. All had participated in the integrated project for three years.

The statements of the academics interviewed led the study for the following categories: Health education as a facilitator for academic learning; Health education on first aid as a facilitator in the construction of teacher competence in future nurses; Feelings experienced by students when performing health education on first aid.

### First category: Health education as a facilitator for academic learning

The first point revealed by the students in this category was the fact that health education allows the exchange of experiences between them and laypersons. This can be evidenced in the following passage: *We learned from them because they brought us information that we were still not sure, so we had to study to clarify them, as well as we transmitted information we knew that would be useful for them* (S15).

The students interviewed highlighted that the practice of health education on first aid contributes to their learning about the topic and facilitates the work in emergencies. This can be evidenced in the following report: *The first aid issue is not explored at all times during college, so by participating in the project, I could delve into this matter and increase my knowledge to offer the training to the community and also to be more prepared to act in emergencies* (S11). *At first, as undergraduate nursing students, we think that it instigated us early in college to seek more knowledge, so we studied a lot... because dealing with the general public, dealing with people outside the college environment incited us to develop our knowledge and improve the ability to link theory and practice in order to support the educational meetings with the community* (S12).

Another matter in this category was that health education improves self-confidence in their own knowledge, as verified by the lines: *At the beginning, you feel ashamed of saying something, but the professors are always there, giving help and support, and then you become more comfortable with the public* (S11). *As the public raises doubts, gradually we become more confident to answer them. We know that sometimes these are very basic conducts in our perception, but for them are something unusual, something new that will really add to their knowledge* (S12). *At first, we felt very insecure, but we always had the professor to encourage and support us. The student is unsure of what they are talking about, but over time my insecurity passed and it improved* (S13).

### Second category: Health education on first aid as a facilitator in the construction of teacher competence in future nurses

It was found that communication is essential in health education, which also enables people to learn to communicate. *It was a very good experience because in college you do not have many of these moments to talk to many people. You train how to behave, the right way to speak so that those people can understand the information. It will certainly be very useful in my professional life because nurses are always performing some kind of education* (S11). *I joined the project in 2010, when I was a sophomore in college and did not have much experience of public speaking, especially concerning first aid... but early on, even with all those fears, the anxiety of facing several people, I was very calm and improved more and more* (S12). *First, I felt a lot of fear and shame, because you are in front of an audience that expects something from you, but over time we become better and this improves* (S14).

Another passage pointed by respondents was the development of the student's communication in a language understandable by the public, not just by exchanging words. *We have to train how to speak in a language they can understand, not using many technical terms, speaking in a way they understand...* (S11). *It is very rewarding to see that laypeople have doubts and you can clarify these doubts, but you need to be clear in your speech for them to understand* (S13).

### **Third category: Feelings experienced by students when performing health education on first aid**

Once developed the educational process on first aid to the population, educators develop feelings of satisfaction for being able to contribute to this learning process. This theme is evidenced in the following lines: *We can see the joy they have in knowing the emergency things, how to act in a specific event, how to save someone... and that is very rewarding and fills me with joy* (S11). *When I was sure that the person was learning, I developed a sense of victory, sense of accomplishment in giving my best, doing my best within the project, within the training* (S13). *You also see that you are teaching people to act in ways that can save lives* (S11).

The sense of co-responsibility can be seen in the participants' statements, as in the following examples: *I felt the weight of responsibility because I was going to share knowledge with them that would be used to help someone else in an emergency within the community* (S14).

## **Discussion**

Educational practice, of all forms of nurse's role in society, has becoming the main health promotion strategy, constituting a teaching and learning process. Health education works with groups, during which may occur exchange of experiences from prior knowledge of the public. Thus, it is clear that it confirms the statements of the study participants.

The exchange of experiences from health education enables teaching, learning, learning to learn, and learn to teach, as well as expand the horizons for the process of developing a comprehensive and humanized care. In a broad perspective of care, it highlights the need to go beyond the limits of college and the health system, to work in different learning sites<sup>(6)</sup>.

Health education promotes the empowerment of people for autonomous decision-making, thus assuming the status of health promotion strategy<sup>(1)</sup>. It represents a strategy change in the technical-

assistance models, seeking to attend social demands concerning health promotion, indicating the construction of new opportunities and new expertise to expand the possibilities of quality of health and life of the population<sup>(7)</sup>.

Health education is a complex issue that involves practical and theoretical aspects of the individual, group, community, and society. It also includes the health-disease process, making it necessary to maintain or to prevent and/or delay the presence of disease, and the disease. Therefore, it is essential to bring quality of life to people<sup>(8)</sup>.

The students' finding that practices of health education on first aid contribute to their learning is important, given the serious increase of violence, cardiovascular and respiratory diseases, among others responsible for urgent/emergency events, since it raises the need for health care professionals with theoretical and practical domain to attend these victims.

For this reason, once accidents happen everywhere, knowledge of first aid should be in the public domain since there are different situations that require immediate and qualified assistance, thus demanding health education on first aid to laypersons and the subsequent improvement on the subject by nursing students.

In this context, we realize the consistency between interviews and the literature on the subject. It is inferred, therefore, that health education will facilitate learning through the "will to seek more theoretical and practical knowledge", encouraging educators looking for scientific basis. Then, it represents the so-called "mobilization of knowledge", understood as the transformation of scientific knowledge available in the literature into practical application<sup>(9)</sup>, which unquestionably improves the confidence in individuals.

This way, the social practice of health knowledge construction contributes to the empowerment of people in care, establishing the exchange of knowledge



and constituting an act to create and transform reality, important reference for possible changes in living and health conditions<sup>(10)</sup>.

In the reports, it is also possible to realize that participants describe that professor monitoring strengthens the confidence in educational moments with the population. In order to consolidate the importance of the presence of professors in educational practices, the literature describes that professors should mediate the construction and development of knowledge and society's life, because from their guidelines, it constitutes the change agent, since they guide students to reflective and critical capacity towards the autonomy of thought<sup>(11)</sup>.

As regards the second category, it is proven that health education provides a constant search for learning, seeking to qualify nursing professionals and consequently the achievement of more qualified and efficient practices<sup>(12)</sup>. This is consistent with the recommendations of the National Curriculum Guidelines<sup>(3)</sup>, which, in its fourth article, points out that the nursing training aims to develop the professional knowledge and skills for different competences, among them the educator.

Communication is essential to educational processes, for it is known that educational practices molded primarily in the dialogue with the communities using popular knowledge to health education break from the training in biomedical health, moving away from the fragmentation of knowledge and a mere transmission of information.

For this reason, the communication strategy used in health education tries to ensure visibility facing the avalanche of content, information and symbols addressed in training the population. Thus, health communication generates a participatory behavior of the entire group<sup>(13)</sup>.

It is stated that health communication can be used for the health promotion that emphasizes the construction and promotion of knowledge as valuable instruments for the participation and changes in lifestyles in communities.

Emergencies have a very high frequency, given the large number of events arising from external causes. This scenario makes it necessary to increasingly spread the knowledge on first aid of victims involved in these situations, because suitably qualified people are crucial to prevent accidents as well as reduce sequels by providing help in situations that might occur<sup>(14)</sup>.

With regard to the feelings aroused in the students in study, another study shows the same feelings experienced by students, describing that nursing professionals feel satisfaction in working in the emergency area, as they enjoy the sense of accomplishment, managing to save lives<sup>(15)</sup>.

Therefore, it is believed that these feelings of nursing students happen because they manage to feel as important members of the teaching process experienced. Thus, the joy in doing something, in the success, the exercise of being, learning and teaching shows the pleasure and satisfaction.

Regarding the satisfaction reported by respondents in this research, in another study with nursing professionals, it represented a sense of pleasure, which relates to the task accomplished that ultimately is the maintenance of life<sup>(16)</sup>. Corroborating this finding, it is proven that actions that inspire care can produce autonomy for the learner, review for educators, satisfaction and safety for caregivers, and improve the quality of life and reduce future health damages for the patient.

It is also worth highlighting the co-responsibility, that is, the shared responsibility between two or more people, for the development of the teaching and learning process with the active participation of all parts committed to teaching<sup>(17)</sup>. Educational practices generate in individuals conducting health education the development of autonomy and responsibility in the care, through understanding the health situation and not by a technical-scientific knowledge, often imposed during undergraduate<sup>(18)</sup>.

That being said, it provides an approach to ethics. Going beyond the deontological ethics,

the reflection on the ethics of responsibility must include perspectives of society and profession, and can be viewed in the pursuit of improving the quality of services provided. Therefore, the ethics of responsibility constitutes a reference for nursing care<sup>(19)</sup>.

Furthermore, nursing is associated with the modes of production and reproduction of society. Thus, being a social practice that should be present in the training of future professionals beyond the technical dimension, the ethical dimension of professional competence present in responsibility should be emphasized<sup>(20)</sup>. Accordingly, we seek in the academic training process a profile for humanized, quality and resolution care. This context involves the ethical training of students to develop professional skills of careful, responsible and socially committed citizens<sup>(21)</sup>.

## Final Considerations

It is concluded that health education generates in educators the professional development through the exchange of experiences, which increases the knowledge through the interaction between professor and student. Moreover, educational practices empower the population by promoting autonomy in decision-making of individuals, thereby allowing the change in technical-assistance models. Thus, the main topics that guided the approach here conducted confirm the pertinent literature in order to reassert that by developing health education throughout their academic training, future nurses strengthen their educational field, besides contributing to the empowerment of individuals in health issues of their social integration.

Nevertheless, health education is a complex issue that requires from each individual practical and theoretical aspects. Therefore, it was essential to train laypeople to assist victims in need of first aid, since

accidents happen everywhere and the public domain is crucial for an immediate and qualified assistance. In addition, undergraduate nursing students seek new knowledge and gain skills and confidence through the teaching practice. This practice also allows the development of communication in educators because it requires them an understandable language, since communication is a fundamental requirement for health care professionals in order to establish a good professional-patient relationship.

For this reason, students/educators demonstrate feelings of satisfaction, joy and pleasure, since behind these experiences is the sense of accomplishment, for indirectly managing to save lives. Nonetheless, the responsibility also comes as a feeling experienced, in which ethics constitutes a reference for care.

Additionally, although this study has limitations due to its local approach, we consider that, with regard to emergencies, its findings are in no way restricted, since they reaffirm that people able to provide first aid contribute significantly to the survival of emergency victims and that the laypersons' knowledge is an impregnable matter to the success of pre-hospital care.

This way, we recommend that further studies take place aiming, for example, to analyze the perception of laypersons on this educational process, besides verifying the economic and morbidity impact in emergency contingencies in places where the population is skilled in providing first aid.

Far from solving the discussions on the central theme of this research, we hope that these constructs may serve as a starting point for further investigations, as well as inspire other institutions of higher education to implement health education projects on first aid, thus enhancing the empowerment of both population and students and future nurses as regards the teacher competence.

## Collaborations

Oliveira MR, Leonel ARA and Montezeli JH contributed to the study design, data collection, analysis and interpretation, drafting of the article, and final approval of the version to be published. Gastaldi AB, Martins EAP and Caveião C contributed to the drafting of the article and final approval of the version to be published.

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