



Contributions of Public Health to nursing practice

Contribuições da Saúde Coletiva para o trabalho de enfermeiros
Las contribuciones de la Salud Pública para el trabajo de los enfermeros

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ABSTRACT

Objective: Analyze the perceptions of undergraduate nursing students about the contributions of public health to nursing practice in the Unified Health System. **Method:** Qualitative Descriptive Study. Data collection was carried out through semi-directed interviews with 15 students. The language material was analyzed according to content and thematic analysis. **Results:** Thematic categories were established, namely: "Perceptions about Public Health" and "Contribution of Public Health to nursing practice in the Unified Health System". **Final considerations:** Perceptions about Public Health are diversified, but converge to the recognition of this field as the basis for training nurses qualified to work in the SUS with technical competence, autonomy and focusing on the integrality in health care.

Descriptors: Nursing; Public Health; Nursing Education; Unified Health System; Qualitative Research.

RESUMO

Objetivo: Analisar as percepções de alunos do curso de bacharelado em Enfermagem acerca das contribuições da Saúde Coletiva para o trabalho de enfermeiros no Sistema Único de Saúde. **Método:** Estudo descritivo, com abordagem qualitativa. A coleta de dados foi realizada mediante a técnica da entrevista semidirigida com 15 alunos. O material de linguagem foi analisado segundo a técnica de análise de conteúdo temático-categorial. **Resultados:** Foram produzidas as categorias temáticas "Percepções acerca da Saúde Coletiva" e "Contribuição da Saúde Coletiva ao trabalho do enfermeiro no Sistema Único de Saúde". **Considerações finais:** As percepções sobre a Saúde Coletiva são plurais, mas convergem para o reconhecimento desse campo como base de sustentação da formação de enfermeiros habilitados a trabalhar no SUS com competência técnica, autonomia e com foco na integralidade do cuidado em saúde.

Descritores: Enfermagem; Saúde Pública; Educação em Enfermagem; Sistema Único de Saúde; Pesquisa Qualitativa.

RESUMEN

Objetivo: Analizar las percepciones de los estudiantes de la educación superior en Enfermería acerca de las contribuciones de Salud Pública para el trabajo del personal de enfermería en el Sistema Único de Salud. **Método:** Investigación descriptiva con un enfoque cualitativo. La recolección de datos se realizó mediante la técnica de entrevistas semiestructuradas con 15 alumnos. El material lingüístico se analizó de acuerdo con la técnica del análisis de contenido categorial temático. **Resultados:** Los temas producidos fueron 'Las percepciones sobre la Salud Pública' y 'La contribución de Salud Pública para el trabajo de los enfermeros en el Sistema Único de Salud'. **Consideraciones finales:** Las percepciones sobre la salud pública son plurales, pero convergen en el reconocimiento de este campo como un apoyo para la formación de los enfermeros calificados para trabajar en el SUS con competencia técnica, autonomía y enfoque en la integralidad de la atención sanitaria.

Descritores: Enfermería; Salud Pública; Educación en Enfermería; Sistema Único de Salud; Investigación Cualitativa.

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INTRODUCTION

The constitution of Public Health in Brazil as a structured and structuring field of theoretical-political practices and knowledge occurred from the late 1970s and early 1980s, under the influence of the socioeconomic and political-ideological scenario of the country and of the Latin America. In addition, the context of successive crises at the epistemological level in public health practices and in the training of health workers made it urgent to overcome hegemonic biologicism and functionalism⁽¹⁾ and a greater openness to interdisciplinarity to deal with the complexity of the subjects in their illness processes⁽²⁾.

Concomitant to the emergence of Public Health and opposing the biomedical model, the Unified Health System (SUS) is constructed and legitimated in the 1988 constitution, which concretizes the debate on the importance of care practices and management in health guided by the principles of universality, integrality and equity⁽³⁾.

Regarding the training of health professionals for work in the SUS, it is understood that this is inseparable from the processes of collective intercession, better distribution of the ethical-political orientations of the health system, the transformation of reality and the mobilization of socially engaged agents in overcoming the problems experienced in daily work. However, in practice, it is observed that many health professionals, including nurses, lack the skills to recognize and adequately address the challenges to SUS consolidation⁽⁴⁾. This problem is exacerbated by the growth of outsourcing in the public health sector, the precariousness of working conditions, the lack of job plans, salaries and careers for health workers, and other issues that challenge the consolidation of a National Policy on Labor and Education Management for SUS.

From the implementation of professional reorientation programs, such as the Education Program for Health Work (PET-Saúde), advances were perceived in the training of health professionals, mainly through teaching-service-community integration strategies. In this context, Nursing has stood out among the other health professions for its role in the management of health care⁽⁵⁾, assuming innovative and critical positions, with valorization of integral care and solidarity partnership in defense of the political commitments of SUS⁽⁶⁾. However, during the professional training, the lack of knowledge about Public Health by Nursing teachers and students can contribute to a professional action centered on procedures⁽⁷⁾.

In the health services, the nurse is recognized as a professional who, due to their knowledge, skills and attitudes, is capable to promote integral and humanized care and to interact with the family and its community, promoting dialogue, health education and the exchange of knowledge. Thus, Nursing care – technical, clinical and relational – gains amplitude by moving from the individual dimension to the public dimension. In addition, nurses are identified as the main catalytic agent of public policies related to Public Health, especially those related to the Family Health Strategy⁽⁸⁾; and as a key professional for monitoring SUS users⁽⁹⁾.

It can also be considered that a health project of a universal and democratic character such as the SUS calls its professionals for a participation that goes beyond the development of

actions and procedures of a technical-scientific nature, since it calls into question which project of society development you want to build. In this sense, the Nursing work in the field of Public Health gives weight to the dimension of social practice of the profession⁽¹⁰⁾, reinforcing the nurse's political role in the face of social, economic and cultural inequities⁽¹¹⁾ that reflect an unfair social order on several levels⁽¹²⁾.

Considering all that was said and assuming the importance of the intersection between Nursing and Public Health for the production of care in the SUS, this research aimed to analyze the perceptions of a group Bachelor of Nursing students about the contributions of Public Health to nursing practice in the Unified Health System. In this work, the theoretical framework delimits on Public Health^(1-2,7), in its complexity and interdisciplinarity, as an area of knowledge linked to professional and political practice, committed to the public and contrary to the monopoly of biomedical discourse.

The relevance of the study is based on the analysis of Nursing care, in the public dimension and in the context of SUS, rescuing the training course to the professional insertion and strengthening the purpose of the integration between the universities and the public network of health services, with an emphasis on interdisciplinarity, integrality, flexibility, humanization and ethical and political commitment to the health-disease profiles of communities.

METHOD

Ethical aspects

This research was approved by a Research Ethics Committee. The participation of the students was consented by signing the Term of Free and Informed Consent.

The speeches of the participants of the research were identified by the letter E, for interviewee, accompanied by an Arabic numeral, preserving the anonymity of the subjects involved in the research.

Type of study

Descriptive study of a qualitative approach and supported by the thematic-categorical content analysis method⁽¹³⁾ that aims to understand, record, analyze, classify and interpret the perceptions of the Bachelor of Nursing students on the contributions of Public Health to the work of nurses in the SUS.

Regarding the theoretical questions of the method, it should be pointed out that, in the categorical analysis, the totality of the units of registration (URs) and of the units of signification (USs) extracted from the analyzed language material is considered, passing through a classification screen and quantification according to the frequency of URs⁽¹³⁾.

Methodological Procedures

The research was carried out at a public higher education institution located in the state of Rio de Janeiro. The participants were 15 students enrolled in the eighth semester (Internship) of a Bachelor of Nursing program, during a curricular internship in Basic Care Units (BC) in which practices and discussions of the scope of Public Health are developed.

Data collection from the primary source of the research was scheduled by email, telephone contact or direct approach and was carried out at the educational institution through the application of the technique of individual and semi-directed interview⁽¹⁴⁾. After obtaining the consent of the participants, the interviews were recorded in digital mode in order to guarantee the reliability of the information. The guiding questions of the interviews were as follows: 1. What do you mean by Public Health? 2. In your opinion, how does Public Health contribute to the work of nurses in the SUS? The interviews had an average duration of 15 minutes.

The data collection instrument was previously tested with four students from the ninth semester of the bachelor of Nursing program at the same institution, in order to verify their adequacy to data production. Only the first issue of the interview script was modified, removing the word "field" before the term "Public Health".

The speeches were transcribed in full, and the material was analyzed according to the thematic-categorical content analysis technique⁽¹³⁾. The stages of pre-analysis, material exploration and treatment of the results were developed through the interpretation and theoretical reconstruction of the analyzed data that the inference allows⁽¹³⁾. In the transcription stage, the subjects' speeches did not undergo linguistic interventions, and the elements of informal language were preserved in the presentation of the results.

In this work, the analysis of the interviews resulted in the formation of two categories. In the first one, titled "Perceptions about Public Health", there are 70 URs distributed in six subcategories: A) Public Health focused on Basic Care; B) Public Health as care directed to the collective; C) Public Health based on Epidemiology; D) Conceptual lack of definition of Public Health; E) Public Health as an expanded vision of health; F) Public Health as the basis for Nursing training. In the second, called "Contribution of Public Health to the practice of the nurses in the Unified Health System", 42 URs and two subcategories were identified: a) Contribution to the training of nurses; B) Contribution to the professional performance.

RESULTS

Regarding the characterization of the 15 participants, it is observed that the majority are female (13), with a mean age of 24.2 (22-31) years.

Category I - Perceptions on Public Health

In this thematic category, the 70 Registration Units (RU) listed were distributed in six subcategories, with the following percentages of frequency: "Public Health focused on Basic Care" (44.29%); "Public Health as care for the collective" (22.86%); "Public Health based on Epidemiology" (12.85%); "The conceptual uncertainty of Public Health" (10%); "Public Health as an expanded vision of health" (7.1%); and "Public Health as a basis for Nursing training" (2.9%).

The fragments below express the Public Health as a synonym of Basic Care, limiting it to a point of attention of SUS, which aims mainly to prevent diseases, health promotion and the user's entry into the health system:

I've always understood Public Health as the basics too, you know? This is even to promote health in Basic Care. (E4)

Public Health, it aims at prevention, promotion. (E3)

Public Health is a set of actions aimed at the promotion, is [...] of care, the promotion of health. (E5)

[When talking about Public Health] I think of SUS, but SUS anyway, right, that cute little way to the front door and everything working. (E12)

I think in Public Health, in the primary view of health, this role of [the nurse] is essential, because this [Basic Health Care] is the focus in Public Health. (E7)

In relation to internal conceptions in the field of Public Health, the study participants point out the foundations for Epidemiology, the expanded concept of health and care for the collective, as presented in the following fragments:

So you search through epidemiological research what is the greatest involvement of such disease and there you do strategies to reduce that particular disease in certain groups or populations. I think that's it. (E6)

I think that Public Health helps the nurse to have a very broad view of the whole situation, the entire health-disease process will have aspects that you will know that are related to the way of life, life habit, Housing, economic condition that the person has, or even habits that certain groups develop, right? And how that is affecting in the health of those people. (E14)

Public Health I understand how health that is geared towards a really group, a collectivity, as the name itself says, is more taking into consideration singularities or common characteristics of a group, a population. (E8)

Among nursing students, there is also little clarity about what attributes specificity to Public Health, as well as what differentiates it from Public Health:

I do not have a fixed concept yet. (E2)

Public Health, Public Health, I have a lot of trouble defining. For example, throughout college, I guess I did not have that definition. (E2)

What do I understand by Public Health? That we did not learn directly in college, right? At least I do not remember learning that directly. (E9)

It is even difficult to speak when they say this: What is Public Health? (E6)

Contradictorily, although there is little clarity about the concept of Public Health for some participants, there is the recognition that this field constitutes a basis for the work of the nurse. The statements also reinforce a sense that, within this scope of action, nurses can work in a more integral and autonomous way. The following fragments address this theme:

All this knowledge of Public Health is our base. If you want to be a good nurse, you have to know Public Health. (E5)

Public Health I think it is extremely important for us, because we have a great knowledge, know a little of everything, we can take care of the elderly, can take care of a pregnant woman, or a man, or a Teenager, or a child. Even so, that people have their preferences, I think Public Health should be the basis [...] I think she could train nurses as soon as they could... I think when you focus on Public Health, You form more complete nurses. (E1)

Category II - Contribution of Public Health to the nurse's work in SUS

From the second category, entitled "Contribution of Public Health to the work of the nurse in the SUS", composed of 42 URs, two subcategories emerged, namely: "Contribution to the training of nurses" with 69.4% of URs; and "Contribution to professional performance", corresponding to 30.94% of the URs.

As contributions to nurses in initial training, the interviewees pointed out that Public Health offers content and practices related to the expanded concept of health, to the complexity of health care and education, particularly educational actions for self-care:

And this enriches their professional training [...], their professional background, because it opens their perspective on what is health, health is no longer a classic and objective issue of absence of disease, or general well-being, but a perspective that radiates other issues and describes better, being better described a bit as quality of life, the person having a complete quality of life and interpersonal relationship, family relationship, support group, leisure, entertainment, culture, security, education. (E8)

Public Health, it contributes to the training of nurses in relation to helping you understand the complexity of that patient's care. (E3)

I think Public Health helps the Nurse, for example, in the guidelines that the Nurse has to do. (E4)

[...] I think it is the main purpose, of health education, self-care incentive, incentive to seek health services. (E13)

The interpretation that health education is part of the Public Health field is consistent with the identification of the role of the nurse as a health educator, according to the following report:

Nurse, he is in essence an educator, he is the one who will guide, is the one who directs, who is always giving the guidelines; He does so in whatever setting he is, whether in a highly specialized environment or a basic Care. (E7)

As contributions to the professional work of the nurse in the SUS, Public Health is perceived as a differentiated field, which demands to recognize the social expression of the health-disease process, when the user needs care in the various points of attention of SUS:

I think it contributes a lot, because we see it as a reality, another reality of the professional performance. (E9)

I think it can contribute in the sense, because you take into consideration other things, not only the patient's pathological, clinical, laboratory issue, but you take into account the sociodemographic, economic, even political aspects of an area, of a region. (E8)

What we see in Public Health will help us, even if we are in the hospital, even if we work even with the homecare, in any place that we are going to work the knowledge that people acquire in Public Health go to us help out. (E5)

This Nursing care, through the contribution of Public Health, is also based on the doctrinal principles of SUS, as reported by a student:

It is in Public Health that I can see the principles of SUS in a very clear way, right? When you speak of universality, of everyone entering through the same system, you see the integrality of care there, that you will always make a reference, right? (E12)

From the language material analyzed, it was also interpreted that Public Health develops competences for nurses to work in Basic Health Care with more autonomy and knowledge:

I think the nurse becomes more autonomous, he has more autonomy, understand? Something you sometimes do not see [...] in tertiary care, do you understand? I think he feels more autonomous, you know? [...] it contributes more to the health of the patient. (E4)

But I think it's very good for the nurse's performance, I think that's where the nurse has enough autonomy. (E9)

[...] in basic care, the nurse acts in a much more autonomous way than in a hospital network, although our training is highly hospital, right? (E12)

It is observed, therefore, that the contribution of Public Health to the work of the nurse in the SUS breaks with the biologicist paradigm and inserts discussions of social and political nature concerning care in the health-disease process of the collectivities.

DISCUSSION

The analysis allows inferring that the students perceive actions of promotion and protection of health as activities inherent in the work of the nurse in Public Health, whose main practice scenario is Basic Care. This point of attention, in turn, plays a central role in the reorientation of the SUS care model, requiring care technologies that produce effective changes in people's quality of life⁽⁸⁾.

It is known that SUS allowed an expanded view on the health-disease process, particularly due to the valuation of several professional categories⁽⁸⁾ that can integrate practices and knowledge in the area of Public Health. Authors affirm that there is no scientific field more justifiably transdisciplinary than Public Health, since the subject and his life context are complex

and, for this reason, require of the health professional a critical-reflexive thought about the social determination of the health-disease⁽¹⁵⁾ which is one of the theoretical bases of training and research in the field of Public Health Nursing⁽¹⁶⁾.

However, the difficult consensus about the conceptualization of Public Health - reflected in the speeches of the research subjects, nurses in training, when faced with health work in Basic Care - can be partially explained by the fact that it associates productions from different origins, such as preventive medicine, social medicine, health planning, epidemiological research, health policies, and the social sciences in health, whose epistemological tensions often escalate the field dispute⁽¹⁾. Also contributing to this conceptual polysemy is the heterogeneous composition, both institutional and professional, of Public Health authors, as well as the diversity of disciplines that compose their scientific productions, such as Epidemiology, Social and Human Sciences, Philosophy or Administration⁽¹⁷⁾.

It is important to highlight that Public Health breaks with Public Health by denying the monopoly of biological discourses in the field of health and by broadening the view on the social determination of the health-disease process⁽⁷⁾, overcoming dichotomies and committing themselves to social transformation. Thus, the link between public health and the collective is emphasized by authors⁽¹⁷⁾ who affirm that the professional who works in this field acts intensely with the community and with the problems lived by it, having, consequently, a closer approximation of such reality and, possibly, a better understanding of it. They also add that public health, encompassing all social and age classes and the most varied subjects, contributes to the improvement of people's quality of life, taking on an ethical-political commitment to the defense of life.

The discussion about the epistemic foundations of the health sciences has become an important object in the field of Brazilian Public Health. Theoretical reflections point to some difficulties regarding the delimitation of the objects and fields of action in the health of the populations, due to their spatio-temporal complexity and due to the tendency to dichotomize the health-disease object⁽¹⁸⁾. However, the explanatory power of the causality model based on elements such as risk factors, life habits, presence of diseases, among others, seems to reinforce a more traditional understanding, anchored in the perspective of Public Health. This also contributes to explain the difficulty in locating with more precision a concept for Public Health, although this is described as a field of knowledge and basic practices for the performances of the nurse.

Another aspect perceived in the students' speeches is the interventionist characteristic of Public Health actions, especially in relation to disease prevention and health promotion actions, in the evaluation of the ways of living and of the processes of social determination. This aspect draws attention to the operationalization of the risk concept, which is not explicit, but permeates several lines. In nursing practices, according to the students, especially in educational actions, the focus on these elements seems to overlap with an extended understanding about the subjects. The way that health management, through planning actions, tends to use this concept also reinforces an interventionist and instrumental approach, which, in

turn, awakens the social imaginary about the "police power" of Public Health and the difficulty of establishing collaborative links with collectives in facing the problems. The guilt-inducing and arbitrary character of interventions based on the concept of risk should be remembered, but without denying their operability to health actions⁽¹⁹⁾.

Nursing, as a science and practice that finds its centrality in human care, must commit itself to strengthening its interface with Public Health, a fact that would allow it to advance in understanding the complexity of health problems and the demands and needs of SUS users in search of care. These are bridges to be built and reinforced, especially in the professional training and management of health work⁽²⁰⁾.

Considering that Public Health brings together disciplines such as Epidemiology, health planning and the social sciences in health, among others, constituting a complex area of knowledge⁽¹⁷⁾, it is understood that the unique affiliation of Public Health to Epidemiology constitutes a restricted understanding of the field. However, it is also possible to extract from the speeches the perception of Public Health as a place of familiarization of the nurse with the evaluation of the health situation of the territories, through the analysis of epidemiological indicators, which contributes to health planning and to a tighter intervention Needs of the community.

Nursing has an ethical commitment to the construction and daily strengthening of the SUS, influencing the formulation of public policies and acting in the professional education of nurses who, in their practice, implement the SUS principles. In this way, it is assumed that the models and practices of nurses' training are strategies for strengthening the construction of equity in health⁽⁶⁾.

SUS needs professionals with training for interdisciplinary work, based on the incorporation of Public Health knowledge, which characterizes them as strategic actors able to act in a health system that is increasingly complex and specialized⁽²¹⁾. Such factors should be considered in the definition and/or transformation of the identity of the workers in this area, as well as in the incorporation of new skills to the professional profile to meet the health and social demands of the Brazilian population⁽²²⁻²³⁾.

At the present moment, it is urgent to accelerate and guarantee the changes that seek to counter the present model of health care, which has as characteristics the high specialization and hospital-centric health care, an integral, inclusive and equitable model that prioritizes health promotion the prevention of diseases through health education⁽²⁴⁾. The authors conclude that changes in the training process can contribute to the paradigm shift, and the participants in this study recognize the educational action as an attribution of the Public Health nurse.

Similar to the results of this study, the majority of participants in another study⁽²⁵⁾ emphasized the role of the nurse as an educator, because at all times the nurse is in contact with the community, and from this individual and collective orientations are carried out according to the needs identified. In this same paper, we also present the vision of managers who consider the work of Nursing staff to be essential for the functioning of Health Units and services rendered to the community, leaving implicit the role of this professional to improve the quality of life of people⁽²⁵⁾.

It should be noted that the development of nursing work with autonomy in AB, as pointed out by participants in this study, depends on the development of several competencies. It is recognized that “[...] the possibility of articulating their capacity to work with the conditions for the development of this, allows the worker to improve autonomy and creativity”⁽¹⁶⁾.

Finally, it is added that, in a literature review about the identities of the Public Health actors⁽²²⁾, It was verified that nurses identified the image of their work with the population based on the relationship between them, which generates certain credibility. However, society still does not seem to differentiate the role of the nurse from that of the nursing team, and there is no clarity between the identity and the professional role of the nurse and the doctor, a fact that leaves behind the conflicts related to the hegemonic question of power and the Interfaces of the nurse’s identity. Thus, it is fundamental that nurses, from their initial formation, be clear about the object of their profession and understand that they deal with a dynamic body of knowledge, which has in the field of Public Health a potent space for the exercise of its practice.

Limitations of the study

As a limitation of the present study, we acknowledge the gap created by the non-description of the perception of other subjects involved in the process of training nurses in the scope of Public Health, such as teachers, course coordinators, workers and managers of the health services network of the SUS, focusing on work management and health education, which should be worked on in later studies.

Contributions of the study to Nursing

In the contemporary scenario, the curricular changes inherent to the Public Health field are still underway, aiming

to broaden and strengthen nurses’ competences to act in the modification of social reality and in the defense of life acting in the collective and the singular, in contrast to a performance centered on the hospital level and based on the biomedical model. It is the responsibility of the Brazilian nursing, supported by its representation entities, to broaden the debate about professional training and its bases, recognizing the importance of the field of Public Health as a transversal axis of training for the consolidation of the Unified Health System.

The present study contributes to this debate, as well as to the practice of Nursing, in the training/working of nurses with a view to strengthening SUS in its doctrinal principles and ethical and political commitment to the reality of the Brazilian population.

FINAL CONSIDERATIONS

For the majority of the students interviewed, the field of Public Health is characterized by its action in Basic Care, geared to the collective and based on epidemiology. Other units of significance relate Public Health to health promotion, disease prevention and the expanded concept of health, as well as representing the entrance door of SUS.

Although the concept of Public Health is not well defined for some participants, all point out that the knowledge and practices of this area must be present in the nursing curriculum, since they collaborate for the formation and professional performance, constituting a basis for the work of the Nurse in the SUS.

Public Health Nursing contributes to the training of professionals qualified to work in SUS and to promote, in their daily practice, the principles and guidelines of universality, integrality, equity, social participation; besides offering different fields of professional activity to the nurse, at different levels of performance.

REFERENCES

1. Nunes ED. Saúde coletiva: história recente, passado antigo. In: Campos GWS (Org.). Tratado de saúde coletiva. São Paulo: Hucitec; 2007. p. 19-39.
2. Velloso MP, Guimarães MBL, Cruz CRR, Neves TCC. Interdisciplinaridade e formação na área de saúde coletiva. *Trab Educ Saúde* [Internet]. 2016 [cited 2016 May 10];14(1):257-71. Available from: <http://www.scielo.br/pdf/tes/v14n1/1981-7746-tes-14-01-0257.pdf>
3. Batista KBC, Gonçalves OSJ. Formação dos profissionais de saúde para o SUS: significado e cuidado. *Saúde Soc* [Internet]. 2011 [cited 2016 Mar 20];20(4):884-99. Available from: <http://www.scielo.br/pdf/sausoc/v20n4/07.pdf>
4. Passos E, Carvalho YM. A formação para o SUS: abrindo caminhos para a produção do comum. *Saúde Soc* [Internet]. 2015 [cited 2016 Mar 20];24(Supl1):92-101. Available from: <http://www.scielo.br/pdf/sausoc/v24s1/0104-1290-sausoc-24-s1-00092.pdf>
5. Haddad AE. Nursing and the national policy of education for health care professionals for the Brazilian national Health System. *Rev Esc Enferm USP* [Internet]. 2011 [cited 2016 Mar 20];45(Esp.2):1803-9. Available from: http://www.scielo.br/pdf/reeusp/v45nspe2/en_29.pdf
6. Sena RR, Silva KL. Nursing as a supportive partner of the Brazilian National Health System. *Rev Esc Enferm USP* [Internet]. 2011 [cited 2016 Mar 20];45(Esp2):1792-6. Available from: http://www.scielo.br/pdf/reeusp/v45nspe2/en_27.pdf
7. Regis CG, Batista NA. The nurse in the area of collective health: conceptions and competencies. *Rev Bras Enferm* [Internet]. 2015 [cited 2016 Mar 20];68(5):830-6. Available from: http://www.scielo.br/pdf/reben/v68n5/en_0034-7167-reben-68-05-0830.pdf
8. Backes DS, Backes MS, Erdmann AL, Büscher A. O papel profissional do enfermeiro no Sistema Único de Saúde: da saúde comunitária à estratégia de saúde da família. *Cienc Saude Colet* [Internet]. 2012 [cited 2016 Mar 20];17(1):223-30. Available from: <http://www.scielo.br/pdf/csc/v17n1/a24v17n1.pdf>
9. Ventura CAA, Mello DF, Andrade RN, Mendes IAC. Aliança da enfermagem com o usuário na defesa do SUS. *Rev Bras*

- Enferm[Internet]. 2012 [cited 2016 Mar 20];65(6):893-8. Available from: <http://www.scielo.br/pdf/reben/v65n6/a02v65n6.pdf>
10. Seixas CT. A enfermagem brasileira frente ao envelhecimento populacional: cenários futuros para 2025. Belo Horizonte. [Dissertação] Escola de Enfermagem, Universidade Federal de Minas Gerais; 2007.
 11. Sena RR, Seixas CT, Silva KL. Practices in Community Health Toward Equity: contributions of Brazilian Nursing. *Adv Nurs Sci* [Internet]. 2007 [cited 2016 Dec 10];30(4):343-52. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/18025869>
 12. David HMSL, Bonetti OP, Silva MRF. A Enfermagem brasileira e a democratização da saúde: notas sobre a Política Nacional de Educação Popular em Saúde. *Rev Bras Enferm* [Internet]. 2012 [cited 2016 Mar 20];65(1):179-85. Available from: <http://www.scielo.br/pdf/reben/v65n1/26.pdf>
 13. Oliveira DC. Análise de conteúdo temático-categorial: uma técnica maior nas pesquisas qualitativas. In: Lacerda MR, Costenaro RGS. *Metodologia da pesquisa para a Enfermagem e Saúde: da teoria à prática*. Porto Alegre: Moriá; 2016. p.481-511.
 14. Turato ER. *Tratado da metodologia da pesquisa clínico-qualitativa: construção teórico-epistemológica, discussão comparada e aplicação nas áreas da saúde e humanas*. Petrópolis: Vozes; 2008.
 15. Severo SB, Seminotti N. Integralidade e transdisciplinaridade em equipes multiprofissionais na saúde coletiva. *Ciênc Saúde Colet* [Internet]. 2010 [cited 2016 Mar 20];15(Supl-1):1685-98. Available from: <http://www.scielo.br/pdf/csc/v15s1/080.pdf>
 16. Chaves MMN, Larocca LM, Peres AM. Enfermagem em saúde coletiva: a construção do conhecimento crítico sobre a realidade de saúde. *Rev Esc Enferm USP* [Internet]. 2011 [cited 2016 Mar 20];45(Esp.2):1701-4. Available from: <http://www.scielo.br/pdf/reeusp/v45nsp2/11.pdf>
 17. Osmo A, Schraiber LB. O campo da saúde coletiva no Brasil: definições e debates em sua constituição. *Saúde Soc* [Internet]. 2015 [cited 2016 Mar 20];24(Supl.1):205-18. Available from: <http://www.scielo.br/pdf/sausoc/v24s1/0104-1290-sausoc-24-s1-00205.pdf>
 18. Teixeira C. *O futuro da prevenção*. Salvador: Casa da Qualidade Editora; 2001.
 19. Araújo JWG. *Saúde pública, epidemiologia e senso comum: epidemia de meningite como evento social*. Rio de Janeiro. [Tese]. Escola Nacional de Saúde Pública, Fundação Oswaldo Cruz; 2005.
 20. Scochi MJ, Mishima SM, Peduzzi M, Maria Cecília Puntel de Almeida: construtora de pontes entre Enfermagem e a Saúde Coletiva brasileira. *Cienc Saúde Colet* [Internet]. 2015 [cited 2016 Mar 20];20(12):3891-6. Available from: <http://www.scielo.br/pdf/csc/v20n12/1413-8123-csc-20-12-3891.pdf>
 21. Castellanos MEP, Fagundes TLQ, Nunes TCM, Gil CRR, Pinto ICM, Belisário SA et al. Estudantes de graduação em saúde coletiva: perfil sociodemográfico e motivações. *Ciênc Saúde Colet* [Internet]. 2013 [cited 2016 Mar 20];18(6):1657-66. Available from: <http://www.scielo.br/pdf/csc/v18n6/17.pdf>
 22. Silva VO, Pinto ICM. Construção da identidade dos atores da Saúde Coletiva no Brasil: uma revisão da literatura. *Interface* [Internet]. 2013 [cited 2016 Mar 20];17(46):549-60. Available from: <http://www.scielo.br/pdf/icse/v17n46/05.pdf>
 23. Pierantoni CR, Varella TC, Santos MR, França T, Garcia AC. Gestão do trabalho e da educação em saúde: recursos humanos em duas décadas do SUS. *Physis* [Internet]. 2008 [cited 2016 Mar 20];18(4):685-704. Available from: <http://www.scielo.br/pdf/physis/v18n4/v18n4a05.pdf>
 24. Falkenberg MB, Mendes TPL, Moraes EP, Souza EM. Educação em saúde e educação na saúde: conceitos e implicações para a saúde coletiva. *Ciênc Saúde Colet* [Internet]. 2014 [cited 2016 Mar 20];19(3):847-52. Available from: <http://www.scielo.br/pdf/csc/v19n3/1413-8123-csc-19-03-00847.pdf>
 25. Barbosa MA, Medeiros M, Prado MA, Bachion MM, Brasil VV. Reflexões sobre o trabalho do enfermeiro em saúde coletiva. *Rev Eletr Enf* [Internet]. 2004 [cited 2016 Mar 20];6(1):09-15. Available from: https://www.fen.ufg.br/fen_revista/revista6_1/pdf/f1_coletiva.pdf
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