

## TRANSDISCIPLINARITY AND HEALTH CARE MODELS: VISION OF NURSING COURSE STUDENTS

Transdisciplinaridade e modelos assistenciais de saúde: visão de concluintes do curso de enfermagem

Transdisciplinaridad y modelos de atención médica: visión de alumnos concluyentes del curso de enfermería

Ana Paula dos Santos de Araújo<sup>1</sup>, Ana Paula de Brito Oliveira<sup>2</sup>, Ingrid Cristina Ribeiro do Rosário<sup>3</sup>, Sônia Cristina de Albuquerque Vieira<sup>4</sup>, Thayse Moraes de Moraes<sup>5</sup>, Antonio Jorge Silva Correa Júnior<sup>6</sup>

### How to cite this article:

Araújo APS, Oliveira APB, Rosário ICR, Vieira SCA, Moraes TM, Correia AJS Jr. Transdisciplinarity and health care models: vision of nursing course students. 2021 jan/dez; 13:893-898. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.9609>.

### ABSTRACT

**Objective:** to know the view of students finishing the nursing course on transdisciplinarity and health care models, as acquired in the experiential internship fields. **Methods:** this is a descriptive exploratory study with a qualitative approach in an educational institution in Belém, Pará, Brazil. Data collection was from August to October 2019 with 39 students, attending the last year of the course. An individual semi-structured interview was conducted, with subsequent analysis of inductive content in six steps. **Results:** two categories emerged: “Understanding about transdisciplinarity: between holistic Being and care practice” denoting heterogeneous views on transdisciplinarity; and “The application of health care models in care practices”. **Conclusion:** part of the concluding students understands the concepts of transdisciplinarity, others make a bricolage of learned concepts. As for care models, the Biomedical Model is the most experienced in practice.

**DESCRIPTORS:** Students, nursing; Education, higher; Education, nursing; Holistic health.

### RESUMO

**Objetivo:** conhecer a visão de discentes concluintes do curso de enfermagem sobre transdisciplinaridade e modelos assistenciais de saúde, como adquiridas nos campos de estágio vivencial. **Método:** estudo descritivo-exploratório com abordagem qualitativa, em instituição de ensino de Belém, Pará, Brasil. A coleta de dados foi entre agosto a outubro de 2019 com 39 discentes, cursando o último ano do curso. Realizou-se uma entrevista semiestruturada individual, com posterior análise de conteúdo indutiva em seis etapas. **Resultados:** emergiram duas categorias “Compreensões acerca da transdisciplinaridade: entre o Ser holístico e a prática assistencial” denotando visões

- 1 Graduated in nursing from Faculdade Integrada Brasil Amazônia. Nurse at Maternidade Saúde da Criança Hospital.
- 2 Social scientist from the Federal University of Pará. Graduated in Nursing from the Faculdade Integrada Brasil Amazônia (FIBRA).
- 3 Graduated in Nursing from Faculdade Integrada Brasil Amazônia (FIBRA).
- 4 Social scientist from the Federal University of Pará. PhD in Social Sciences, emphasis on Anthropology from the Federal University of Pará (UFPA).
- 5 Nurse. PhD student in Tropical Diseases at the Center for Tropical Medicine at the Federal University of Pará.
- 6 Nurse. Master in Nursing from the Federal University of Pará, Independent researcher.

heterogêneas sobre transdisciplinaridade; e “A aplicação dos modelos de atenção à saúde nas práticas assistenciais”. **Conclusão:** parte dos concluintes compreende os conceitos de transdisciplinaridade, outros fazem uma bricolagem de conceitos aprendidos. Quanto aos modelos assistenciais o Modelo Biomédico é o mais vivenciado nas práticas.

**DESCRITORES:** Estudantes de enfermagem; Educação superior; Educação em enfermagem; Saúde holística.

## RESUMEN

**Objetivo:** conocer la opinión de los estudiantes que terminan el curso de enfermería sobre transdisciplinariedad y modelos de atención médica, tal como se adquiere en los campos de pasantías experimentales. **Método:** este es un estudio exploratorio descriptivo con enfoque cualitativo en una institución educativa en Belém, Pará, Brasil. La recolección de datos fue de agosto a octubre de 2019 con 39 estudiantes, que asistieron el último año del curso. Se realizó una entrevista semiestructurada individual, con posterior análisis del contenido inductivo en seis pasos. **Resultados:** surgieron dos categorías: “Comprensión sobre la transdisciplinariedad: entre el Ser holístico y la práctica del cuidado” que denota opiniones heterogêneas sobre la transdisciplinariedad; y “La aplicación de modelos de atención médica en las prácticas de atención”. **Conclusión:** parte de los concluyentes comprende los conceptos de transdisciplinariedad, otros hacen un bricolaje de conceptos aprendidos. En cuanto a los modelos de atención, el modelo biomédico es el más experimentado en la práctica.

**DESCRIPTORES:** Estudiantes de enfermería; Educación superior; Educación en enfermería; Salud holística.

## INTRODUCTION

To solve health care adversities in the globalized context, transdisciplinarity has been the resource and theoretical structure challenged. Its concept is complex and interconnects techniques, other academic disciplines and, currently, requires accurate communication with users integrating their vision with professional knowledge and making transdisciplinarity a complex event that takes place in health relationships.<sup>1</sup> Brazil is a country with a vast cultural diversity, in each part it boasts the presence of beliefs, accents, customs and traditions and, in this sense, it is necessary for nursing to adapt and understand this reality in order to approach the health promotion process while still in the undergraduate stage.

In order for the training of nursing students to be of quality, they must take into account the current context in which they live, so that they can provide adequate and quality assistance. Therefore, the application of Transdisciplinarity during graduation becomes indispensable, especially during assistance practices. Transdisciplinarity is the action of complex and reflective thinking, connecting areas of knowledge in a non-insular manner, not having as an objective the destruction of disciplines, but showing that they are part of a whole.<sup>2</sup>

There are several models of health care,<sup>3</sup> it is now known that clinical practice benefits from screening and addressing the social determinants of users, which when discovered and considered in a resolute manner alter the course of treatment.<sup>4</sup> The work in consultations includes listening, asking, examining, diagnosing and recommending treatments, Engel between 1960 and 1980 defined a biopsychosocial model for professionals who seek to integrate the demands of the biological level and the social level to formulate treatments

that can encompass the human being as a whole,<sup>3</sup> housing knowledge from various disciplines in health. This is one of the reasons that leads academic knowledge to reflect on the importance of the repercussion of transdisciplinarity in undergraduate studies, as well as the view of students.

Nursing performance must be theoretical-socio-identity involving not only knowing how to understand what health versus disease is, but also offering the basis for adequate and quality assistance meeting health policy demands.<sup>5</sup> For this, it is necessary to put transdisciplinarity into practice also approaching the various models of health care. From these expositions, the importance of the study subsists in the following research question: What are the views of students in the nursing course on transdisciplinarity and health care models during the experiential stage?

Therefore, the objective of the study was to know the view of students completing the nursing course on transdisciplinarity and health care models, as acquired in the fields of experiential training.

## METHODS

This is an exploratory type of descriptive research, with a qualitative approach and a cutout from the research project “Anthropology of Health in Undergraduate Studies: Ways to perform the transdisciplinarity of nursing students”. Carried out with students from the final year of their bachelor’s degree in Nursing at a private educational institution in the metropolitan region of Belém, state of Pará, Brazil.

Data collection was conducted from August to October 2019. The research population was comprised of students graduating from the bachelor’s degree in nursing and the sample followed criteria of convenience to the object of study, that is, invitation from a group with diverse experiences<sup>6</sup> in relation to transdisciplinarity and assistance models. Inclusion criteria were: students who were in a supervised experiential stage and over 18 years of age. Students removed from academic activities by medical certificate or license were excluded. The institution made available the list of names of nursing graduates by class and the interviews were scheduled via telephone contact, at a time accessible in a room of the institution, in order to check confidentiality for the collection.

Thirty-nine conclusive data sources were reported. To produce the data, individual interviews were carried out using a two-part instrument: the first refers to the collection of socio-demographic data and the second, a semi-structured script, with few questions related to the thematic focus of the study and in which the researcher will be able to define the cadence of the interview, observing the initial answers obtained and formulating other assertions in due course.<sup>7</sup> These were semi-structured questions: 1) Which health model do you observe as predominant in consultations or nursing visits during your internship? 2) How do you apply the knowledge you have learned to the supervised internship? 3) What facilitates this transdisciplinarity for you? 4) In which fields of practice do you think this relationship was most evident?

Before the interview they were informed about the objective of the study and the subject, signing the Term of Free

and Informed Consent (TFIC) and a term of voice recording in MP3 file. To ensure the confidentiality of their identities, alphanumeric codes were used by the expression “nursing students” (NE), for each transcript, being sequential and in order of interviews: DE01, DE02, DE03, below.

Sats obeyed: (1) collection instrument that gave margin to the multiplicity; (2) choice of those studied in terms of characteristics and relevance; (3) progressive inclusion of new data; (4) superleviate information not repeated by the deponents; (5) sufficient number of deponents; (6) embrace the experiential picture of the object.<sup>8</sup>

The data were organized by individual transcripts of each audio, in individual Microsoft Word files, for later joining in a matrix file in which the steps of the analysis method were performed. The inductive content analysis of six stages was the analytical method segmented into: familiarization with the totality of the research data, generating initial codes, searching for themes, review, definition and naming of generated themes and finalization with the production of the report.<sup>9</sup>

This study was approved by the Ethics and Research Committee of the headquarter educational institution, under CAAE Opinion No. 15486619.7.0000.8187, also following the requirements of Resolution 466 of December 12, 2012 of the National Health Council.

## RESULTS

Of the total number of students completing the nursing course, 32 (82.05%) were female and 7 (17.94%) male. The age range varied from 22 to 48 years old, with the predominant group being 22 years old (25.64%) and 27 years old (12.82%). The deepening of data regarding transdisciplinarity and assistance models by inductive analysis generated two categories, with synthesized data as follows.

### Understanding transdisciplinarity: between the holistic Being and the assistance practice

Some understand the concept of transdisciplinarity, others confuse concepts linking transdisciplinarity to the holistic Being. It was possible to observe that some of the students confuse the concept of transdisciplinarity with holism:

*It facilitates because it is important, as our area deals with various types of people, we have to learn this, this transdisciplinarity, so we can also understand the patient. Their customs, we can't force something on our attention either, we have to be holistic and understand the patient. (DE13)*

*People have an understanding of what transdisciplinarity is, because I had no idea that it was related to the anthropology of health, to have all this open view of the patient, not just see the disease, see the whole context. (DE15)*

Likewise, it was perceived that a student did not understand the concept of transdisciplinarity and, because of this, could not elucidate an assertive:

*It makes the patient's treatment more viable, that when you know what it is, you know the behavior of the human being, you start and understand better and you will have a better vision of the other, and thus managing to unite practice and theory. (DE02)*

Others did not understand the questioning even linking it to continuing education:

*To see the human being, in fact to see health, as a whole, involving health and disease. (DE08)*

*Always working on continuing education for me and our colleagues, nurses, health professionals, I think it would improve. (DE21)*

It is known that the responsibility and duty to study and seek knowledge within the academy belongs to the student, but there are those who transfer this burden solely to the teachers. It is well known during the interviews that the transfer of knowledge is a constituent part of transdisciplinarity:

*I think in a more conversational way than slide and just the teacher talking. (DE27)*

*All teachers should look in that same direction, you understand? So that they could pass in an equal and constant way [...]. (DE34)*

*I can't even tell you right, I don't have to experience that part like this [...]. (DE30)*

The students who already had assistance practice knew how to better develop their responses, making it clear that they understand the concept of transdisciplinarity:

*[...] through anthropology know cultures, different peoples, the way they act, how they even dress, and through this join with my knowledge to give a better assistance to the patients [...]. (DE10)*

*[...] because whether we like it or not we deal with different cultures, different religions, and it is precisely for us as people [...]. (DE12)*

### The application of health care models in care practices

Among the 39 students, 29 (74.35%) answered that they mostly understood the Biomedical Model, 8 students (20.51%) the Holistic Attention paradigm and 2 students (5.12%) more visualize the Process Assistance Model. The knowledge of what the health care model is exists, as they can visualize in consultations.

Those who visualize the biomedical model, expose why it is present in mass consultations in Basic Care and even make criticism:

*It is the biomedical, because many times I can observe that people (professionals) they just want to treat soon, they do not want to look deep into the human being. (DE04)*

On the other hand, DE25 criticizes the use of the biomedical model because of the limitation the nurse has in the work sector. Others consider that the use of the biomedical assistance model is preferable because of its practicality, since it is not researched much, as mentioned above:

*The biomedical model is still widely seen, because of the rush of the day, the nurse is the professional only look at the disease. (DE25)*

During the interviews, the main obstacles mentioned were low wages, lack of structure in Basic Health Units, high demand from users and few professionals. The hospital internship fields of Basic Care are also different.

*The biomedical [model], I'll tell you why: it's because of the great loads that nursing has, the workload is very big and the salaries don't compensate, it ends up that the professionals have to have 2, 3 jobs, and they start to become means that mechanized. So they don't have that look anymore, that look more of a whole, more humanized with their patient, they're already kind of mechanized. (DE06)*

*Some visualize in basic attention one model, in the hospital another. In primary care you get closer to the patient, you know his comorbidities and routines. In the hospital the time is much shorter, you have many patients, the rotation of the bed is much higher. (DE09)*

The paradigm of holistic attention has been witnessed by students as well, however it needs to overcome barriers. In this model, the professional tries to find the determinants for the illness that the user is presenting, always asking about his/her daily life, work, family, among others.

*What I was able to observe in my practices was that the most used model is the holistic one, which is the systemic one, that where you see the need of the patient as a whole, why so, as I understand it, if he has a problem in the family member it will affect not only his health as a whole, so the health professionals that I was able to witness, they try to look for where this problem is coming from in order to be able to solve, not only taking care of the disease. (DE01)*

*The systemic health care, where it aims at assisting the patient as a whole, and promoting a care that will help him to understand his health condition and have the best treatment. (DE02)*

*Mainly in basic attention the systemic model, because we work a lot with the public, community, and depending on the region, the interior, you see a lot, ah more what you have in your family, what you eat, all this influences, so we see more the patient as a whole, and in the hospital, depending on the hospital, sometimes we see a lot of the biomedical, because of the doctor, mainly, in a certain hospital, we don't have so much openness to treat the patient, so we treat more what he has, ah he has a trauma, so we go there and treat him as trauma, we don't have so much space, in the stage this. (DE04)*

As for the procedural assistance model, the nursing professional will look for the patient's past history, history of the disease and the general context in which he/she lives. As the deponent points out:

*We started the leader not only with the process of the disease itself of the patient, we have to have a whole open vision of seeing the historical context of the patient, cultural, socioeconomical, family to understand what is happening in the life of that patient who is disrupting homeostatic control. The model is the process. (DE15)*

## DISCUSSION

Transdisciplinarity is like the action of complex thinking, not having the objective of destroying the disciplines, but of showing that the totality of them is part of a whole. Consequently, it is necessary to uncover the idea of the students when they relate transdisciplinarity only to the holistic Being, confusing or ignoring its true concept.<sup>2</sup>

In education the purpose of transdisciplinary work involves several holders of knowledge and its functionality foresees action, collaborative approach, resolution of problems that demand answers from several disciplines, in the last ten years such initiatives of people working together have increased. Using complexity allows systematically analyzing problems, communicating them and teaching lessons.<sup>10</sup>

In nursing, the interlocutions between the complexity and the strictly assistential scope to be considered are the engagement of the nurse in counter-currents, against the assistential fragmentation and fortifying collective constructions as health education. A transdisciplinary model is the "Model of Integration of Terrestrial Consciences in Popular Education", encompassing: exchanges of knowledge with the popular, participatory popular management, fostering criticality and cultural skills.<sup>11</sup>

In the context of higher education, the faculty is responsible for preparing students to work with diverse populations, and it is important to expose students to meaningful teaching strategies and assignments to improve encounters with individuals in different ethnic and non-ethnic domains.<sup>12</sup> However, it is important to remember that this responsibility is not only of the faculty, students also have their role in seeking knowledge from diverse populations



to provide more appropriate, individual and comprehensive assistance to populations.

The health care model bears several names, and there are authors who use the term “model of care”, “models of care”, and some “models of care”. Most of the students interviewed responded that they experienced the biomedical model in their practices. There is an explanation for this, because even though they have learned under the aegis of health promotion, academics still experience hegemonic-curativist models, the historical moment is a factor that greatly influences the absorption of these visions.<sup>13</sup>

However, part of the deponents, besides claiming to experience the biomedical model in the experiential stages, make criticism. The model also called “doctor-centered” by another study overvalues clinical care, separating itself from the social context of users, the emphasis on family and community, health promotion and disease prevention. What should not be overlooked is that one model does not exclude the other, the harmony between both is that guarantees the health of the users of the system.<sup>14</sup>

In all biomedical constructs the predominance of clinical characteristics is massive, they are almost always treated in isolation, but the purely behavioral and social approaches are also insufficient and do not fully respond to health problems. The focus on the social determinants of health has the potential to couple the models and provide the answer for the health network.<sup>15</sup>

Since the 1980s during the dictatorship, struggles have arisen for citizenship rights, democracy, for the consolidation of a single health system in 1988 within the framework of the national constituent assembly. Nowadays, assistance is characterized by the existence of public units, philanthropic-private and private hospitals of mixed care or not, stage of a fierce political-public-private dispute, assistance inefficiency and need to change paradigms.<sup>16</sup> In 1997 the Family Health Strategy (FHS), formerly called Family Health Program (FHP) in 1994, the work in such strategy is guided by collaboration, sharing of common objectives between professionals and delimited multiprofessional work. The individualization of the work, the lack of knowledge of the FHS assumptions and the lack of union are clear obstacles to be overcome.<sup>17</sup>

Some students alluded to the paradigm of holistic attention at times of internship, others, despite experiencing the biomedical model, longed to apply the holistic. It is known that the nurse assumes various functions in his daily work, to take on the task of integral care he needs to be involved in integrated actions with other professionals, and also in “bureaucratic actions” proper to the biomedical model that in the long run can mechanize his work process. However, a positive factor is that such comprehensive characteristics allow the profession to achieve articulations that put other care models into practice.<sup>18</sup>

Another model cited by the students present in the assistance is the procedural one, which is the model of the history of the disease. It is an explanatory model that has been outlined by Leavell and Clark.<sup>19</sup> In addition to explaining disease prevention, it has a positive view of health worked

under the aegis of prevention not only of an individual, but of the entire community, whether or not they are affected by some illness and thus providing a glimpse of the natural history of the disease.<sup>20</sup>

Prescriptive explanations are the basis of the above model, which is pressing in the 20th century and includes the level of preventive measures, that is, before the treatment of the disease, generating a system of guidance for users to achieve healthy postures. Although objective and also normative, it begins to recognize the range of experiences and cultures of users having as pillars their autonomy.<sup>21</sup>

## CONCLUDING REMARKS

The purpose of this research was to get to know the view of nursing students on transdisciplinarity and health care models, as acquired in the experiential stage fields. Their reports show a knowledge little aligned with the assumptions of transdisciplinarity, however they recognize its importance in their assistential practices during their internships.

The models cited were the Biomedical Majority, the Paradigm of Holistic Attention and the Process Model. Some asserted about the mechanization of care, arising from the concern only with the disease complementing that with the work activities there is no way to put into practice everything that is learned, this is a relevant finding of the research, because they are unfavorable visions of students who will soon be in the labor market. It has been corroborated that some professionals who have visualized in the experiential stages even try to use other assistential models, but it is not always possible, there being barriers to be overcome, leaving them with two choices: to engage in “counter-currents” or conform to the current assistential routine.

The need for students to experience contact with disciplines that study man and his nuances, such as anthropology and sociology of health and disease during their training in academia, to know and understand the human being beyond the biological side, is emphasized. It is of utmost importance that they know the models of health care to apply during their practices and, equally, know how to identify them further in transdisciplinary professional life.

The relevance of the study for higher education in nursing is highlighted, in view of the need to report forms and knowledge about the transdisciplinarity of graduating nursing students and the assistance models that underpin the assistance, and which are visualized in experiential stages.

## REFERENCES

1. Van Beyer V. Transdisciplinarity in health care: a concept analysis. *Nurs Forum* [Internet]. 2017 [citado em 13 dez 2019];52(4):339-47. Disponível em: <https://doi.org/10.1111/nuf.12200>.
2. Morin E. *Os Sete Saberes necessários a educação do futuro*. São Paulo: Cortez, 2011.
3. Farre A, Rapley T. The new old (and old new) medical model: four decades navigating the biomedical and psychosocial understandings of health and illness. *Healthcare (Basel)* [Internet]. 2017 [citado em 15 dez 2019]; 5(4):88. Disponível em: <https://doi.org/10.3390/healthcare5040088>.

4. Tong ST, Liaw WR, Kashiri PL, Pecsok J, Rozman J, Bazemore AW, Krist AH. Clinician experiences with screening for social needs in primary care. *J Am Board Fam Med* [Internet]. 2018 [citado em 15 dez 2019]; 31(3):351-63. Disponível em: <http://dx.doi.org/10.3122/jabfm.2018.03.170419>.
5. Correa Júnior AJS, Martins RS, Santana ME. Perspectivas e dilemas da enfermagem na pós-modernidade: dialogando com Zygmunt Bauman. *Rev enferm Cent-Oeste Min* [Internet]. 2017 [citado em 15 dez 2019]; 7:e1615. Disponível em: <http://dx.doi.org/10.19175/recom.v7i0.1615>.
6. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem. 9 ed. Porto Alegre: Artmed, 2019.
7. Gil AC. Métodos e técnicas de pesquisa social. 7 ed. São Paulo: Atlas, 2019.
8. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesqui Qual* [Internet]. 2017 [citado em 15 dez 2019]; 5(7):1-12. Disponível em: <https://editora.sepq.org.br/index.php/rpq/article/view/82/59>.
9. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* [Internet]. 2006 [citado em 15 dez 2019]; 3(2):77-101. Disponível em: <http://dx.doi.org/10.1191/1478088706qp063oa>.
10. Knapp CN, Reid RS, Fernández-Giménez ME, Klein JA, Galvin KA. Placing Transdisciplinarity in Context: A Review of Approaches to Connect Scholars, Society and Action. *Sustainability* [Internet]. 2019 [citado em 15 dez 2019]; 11(18):4899. Disponível em: <https://doi.org/10.3390/su11184899>.
11. Correa Júnior AJS, Souza TCF, Sousa YM, Polaro SHI, Santana ME, Silva SED, Carvalho JN. Popular education in health, critical thinking and the seven type of knowledge. *Rev enferm UFPE on line* [Internet]. 2018 [citado em 15 dez 2019]; 12(2):537-45. Disponível em: <https://doi.org/10.5205/1981-8963-v12i2a231062p537-545-2018>.
12. Levey AJ. Teaching Online Graduate Nursing Students Cultural Diversity From an Ethnic and Nonethnic Perspective. *J Transcult Nurs* [Internet]. 2019 [citado em 15 dez 2019]. Disponível em: <https://doi.org/10.1177/1043659619868760>.
13. Bezerra IMP, Sorpreso ICE. Concepts and movements in health promotion to guide educational practices. *Rev bras crescimento desenvolv hum* [Internet]. 2016 [citado em 15 dez 2019]; 26(1):11-20. Disponível em: <https://doi.org/10.7322/jhgd.113709>.
14. Esmeraldo GROV, Oliveira LC, Esmeraldo Filho CE, Queiroz DM. Tensão entre modelo biomédico e estratégia saúde da família: percepções dos trabalhadores de saúde. *Rev APS*. [Internet]. 2017 [citado em 15 dez 2019]; 20(1):98-106. Disponível em: <https://doi.org/10.34019/1809-8363.2017.v20.15786>.
15. Nedel FB, Bastos JL. Para onde seguir com a pesquisa em determinantes sociais da saúde?. *Rev Saúde Pública* [Internet]. 2020 [citado em 15 fev 2020]; 54:15. Disponível em: <https://doi.org/10.11606/s1518-8787.2020054001618>.
16. Bahia L. Trinta anos de Sistema Único de Saúde (SUS): uma transição necessária, mas insuficiente. *Cad Saúde Pública* [Internet]. 2018 [citado em 15 dez 2019]; 34(7):e00067218. Disponível em: <https://doi.org/10.1590/0102-311X00067218>.
17. Condeles PC, Bracarense CF, Parreira BDM, Rezende MP, Chaves LDP, Goulart BF. Teamwork in the Family Health Strategy: professionals' perceptions. *Esc Anna Nery Rev Enferm* [Internet]. 2019 [citado em 15 dez 2019]; 23(4):e20190096. Disponível em: <https://doi.org/10.1590/2177-9465-ean-2019-0096>.
18. Sousa SM, Bernardino E, Crozeta K, Peres AM, Lacerda, MR. Cuidado integral: desafio na atuação do enfermeiro. *Rev Bras Enferm* [Internet]. 2017 [citado em 15 dez 2019]; 70(3):504-10. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2016-0380>.
19. Leavell H, Clark EG. *Medicina preventiva*. São Paulo: McGraw-Hill do Brasil, 1976.
20. Jamouille M, Gavilán E, Cardoso RV, Mariño MA, Pizzanelli M. The words of prevention, part I: changing the model. *Rev bras med fam comunidade* [Internet]. 2015 [citado em 15 dez 2019]; 10(35):1-9. Disponível em: [https://doi.org/10.5712/rbmf10\(35\)1062](https://doi.org/10.5712/rbmf10(35)1062).
21. Mendes R, Fernandez JCA, Sacardo DP. Health promotion and participation: approaches and inquiries. *Saúde debate* [Internet]. 2016 [citado em 15 dez 2019]; 40(108):190-203. Disponível em: <http://dx.doi.org/10.1590/0103-1104-20161080016>.

Received in: 18/12/2019

Required revisions: 26/06/2020

Approved in: 18/01/2021

Published in: 01/07/2021

**Corresponding author**

Ana Paula dos Santos de Araújo

**Address:** Av. Gentil Bittencourt, 1144, Nazaré Belém/PA, Brazil

**Zip code:** 66.040-174

**Email address:** [anah.paula.santos@hotmail.com](mailto:anah.paula.santos@hotmail.com)

**Disclaimer: The authors claim to have no conflict of interest.**