

## ADVOCACY FOR HEALTH PROMOTION: MEANINGS AND APPROACHES IN THE TRAINING OF NURSES

### ADVOCACIA PARA A PROMOÇÃO DA SAÚDE: SENTIDOS E ABORDAGENS NA FORMAÇÃO DO ENFERMEIRO

### ABOGACÍA EN PROMOCIÓN DE LA SALUD: SENTIDOS Y ENFOQUES EN LA FORMACIÓN EN ENFERMERÍA

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## ABSTRACT

**Objective:** to analyze the understanding on health advocacy among professors and students, as well as the approach to the theme in the training of nurses. **Method:** the data were obtained by means of interviews with 10 professors and 11 undergraduate Nursing students of a public university in the state of *Minas Gerais*. The data were analyzed using critical discourse analysis. **Results:** the results reveal certain indefiniteness in relation to health advocacy in the discourse of the participants. Diversity of meanings attributed to the term was found, both in the defense of the legal right and in the defense of the users' rights, with the rationale of social participation by the construction of citizenship. The data allow inferring that the concept of health advocacy is not recognized as a field worked on in the professional training. **Conclusion:** in this context, it is concluded that health advocacy impresses a Utopian conception upon the defense of health, not discerning its effective application to reality.

**Keywords:** Health Promotion; Health Advocacy; Education, Nursing; Professional Competence.

## RESUMO

**Objetivos:** analisar entre docentes e discentes a compreensão sobre advocacia em saúde, assim como a abordagem do tema na formação do enfermeiro. **Método:** os dados foram obtidos por entrevistas com 10 docentes e 11 estudantes da graduação em Enfermagem de uma universidade pública no estado de Minas Gerais. Os dados foram analisados utilizando-se a análise crítica do discurso. **Resultados:** os resultados revelam indefinição em relação à advocacia em saúde no discurso dos participantes. Encontrou-se diversidade de sentidos atribuídos ao termo, quer seja na defesa do direito jurídico, como na defesa dos direitos do usuário fundamentada na participação social pela construção da cidadania. Os dados permitem inferir que o conceito de advocacia em saúde não é reconhecido como campo trabalhado na formação profissional. **Conclusão:** concluiu-se, neste contexto, que advocacia em saúde imprime uma concepção utópica na defesa da saúde, não vislumbrando aplicação efetiva na realidade.

**Palavras-chave:** Promoção da Saúde; Advocacia em Saúde; Educação em Enfermagem; Competência Profissional.

## RESUMEN

**Objetivo:** docentes y alumnos analizan cómo se entiende la abogacía en salud y cómo se enfoca dicho asunto en la formación de los enfermeros. **Método:** los datos se obtuvieron por medio de entrevistas con 10 docentes y 11 estudiantes de pregrado de enfermería de una universidad pública del estado de Minas Gerais y se analizaron según el análisis crítico del discurso. **Resultados:** en el discurso de los participantes los resultados revelan incertidumbre con respecto a la abogacía en salud. Encontramos una diversidad de significados atribuidos al término, ya sea en la defensa del derecho legal, como en la defensa de los derechos de los usuarios basados en la participación social a través de la construcción de la ciudadanía. Los datos nos permiten inferir que el concepto de abogacía en salud no se reconoce como un campo que se trabaja en la formación profesional.

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*Conclusión: en este contexto, la abogacía en salud es un concepto utópico en defensa de la salud y no se prevé su aplicación efectiva en la realidad.*

*Palabras clave: Promoción de la Salud; Defensa de la Salud; Educación en Enfermería; Competencia Profesional.*

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## INTRODUCTION

Health promotion is configured as a strategy for change in the techno-care models based on the understanding of the health-disease process and its determinants, the proposition of building other possibilities and the configuration of new knowledge and practices that expand the quality of the alternatives for health and life of the population.<sup>1</sup>

It is understood that, for the incorporation of health promotion in the daily teaching and practices of health professionals, changes are required in the education of the professionals, as they need new skills to act in favor of the health promotion. The definition of health promotion competences herein employed, anchored in the discussions of the international literature, brings the idea that it is the combination of knowledge, skills and essential values necessary for the effective practice of health promotion actions.<sup>2</sup>

The year 2008 marks the emergence of initiatives in different countries to promote the systematization of core competencies for health promotion. In this context, we highlight the Conference for the Consensus of Galway, which represented an effort to propose a global agreement on fundamental and working principles for health promotion.<sup>3</sup> The Galway Consensus Statement points out to core values, principles and domains of competence required for an effective engagement in health promotion practices, namely: catalisation for changes, leadership, estimation/diagnosis, planning, implementation, evaluation, advocacy and partnerships.<sup>4</sup>

A cut-out on the “health advocacy” competency was made by recognizing it as a core competency for action in health promotion, which represents a professional acting characteristic to claim with and for individuals, communities and organizations to improve health and well-being.<sup>5</sup>

The term “Health Advocacy”, used in this study, is not used here strictly to its morphological sense of legal defense, that is, it is not related to the sense of defense of the guarantee of the legally positive, or non-positive, basic rights that are disrespected or not guaranteed.<sup>6</sup> Health advocacy is taken as a core competency for developing the political role and guidelines of health promotion as a practice of active citizenship and for continuing and sustaining its practices, considering the diverse contexts and actors involved.<sup>7,8</sup>

There is evidence that health advocacy is presented as a competence to be strengthened in the health professional

practice, as a competence indicative of new ways of doing health.<sup>1</sup> The relevance of different health professions is also emphasized to incorporate health advocacy as a core competence of professional practice, along with scientific, clinical knowledge and interpersonal skills.<sup>1,8,9</sup> The proposition of this study is justified as, to date, no Brazilian research on the approach to health advocacy in Nursing education has been identified.

In this study, it was assumed that there is uncertainty as to the health advocacy competence in the training of health professionals. It is assumed that the advocacy competence in health, being a theme present in Nursing education, its approach occurs in a timely and restricted manner, making it difficult to apprehend a body of knowledge, skills and attitudes necessary for the defense of health as a right for citizenship.

Therefore, this article displays the results of the analysis of the approach to health advocacy as a competence for health promotion in Nursing education.

## METHODS

A qualitative study with dialectics as a reference. The choice for this approach is due to the fact that a qualitative research is capable of incorporating meaning and intentionality as inherent in acts, relationships, and social structures, which are understood as significant human constructs.<sup>10</sup>

The study setting was an undergraduate Nursing course, created in the 1930s, at a public university in the state of *Minas Gerais*, Brazil. The research took place from December 2012 to August 2013.

For apprehension of reality, the data collection technique used was individual interviews with a semi-structured script. The field diary of the researcher was adopted, associated with the application of the interview. The impressions of the field diary were expressed during the transcripts of the interviews, which allowed us to retrieve moments, records and observations that occurred during the interview, especially nonverbal communication.

The interview addressed questions about the participants' understanding of health advocacy and its relationship to health promotion, and the perception of the importance of the health advocacy approach to nurse education.

The interviews were transcribed by the researcher through adaptations to previously suggested standards,<sup>11</sup> with respect to the directions for speech analysis resources. The transcriptions were performed keeping some elements of oral recording, highlighting the different ways to represent speech characteristics, such as intonation, emphasis, pause, changes in speech pitch and rhythm.

The research subjects were 10 teachers and 11 undergraduate Nursing students from the scenario institution.

This choice was due to them being recognized as active actors in the teaching-learning process in Nursing education. Considering the differences of experiences between the study subjects, teacher and student, the interview script was adapted to better understanding and assimilation of the participants in relation to the proposed questions. Above all, in the course of data collection, as the term "health advocacy" seemed unfamiliar to the study subjects, both to the teaching staff and the students.

The criterion for the inclusion of the teachers was by building a contact list of all teachers assigned to the Nursing Course. Initially, it was sought to ensure the participation of all departments and knowledge areas in the set of selected teachers. Six interviews were carried out after contact and acceptance on the part of the teacher to take part in the research. However, in the interviews with students, teachers were indicated who, from the students' perspective, referred to the political approach to training. Thus, four teachers were included in the study by the students' indication, totaling 10 teachers. Another three teachers were nominated by the students, but were not included in the study due to the impossibility of scheduling after several unsuccessful attempts.

The inclusion of the students proceeded by presentation of the research and invitation to participate during the classroom. We sought to ensure the participation of students from the last period of the Nursing Course, considering that these graduates of the course lived the experiences and strategies proposed by the undergraduate program.

The data were subjected to critical discourse analysis in approach to the theoretical framework and method for discourse study proposed by Norman Fairclough.<sup>11</sup> In this approach, linguistics and critical social science are articulated for a three-dimensional analysis of discursive events, considering the text dimensions, of discursive practice and social practice in the socio-historical context and social transformations.<sup>11</sup>

In the first moment of the analysis the textual analysis took place which, according to Fairclough, can be organized in four items: vocabulary, grammar, cohesion and textual structure. In the analysis of the discursive practices, we focus on the cognitive activities of text production, distribution and consumption, as well as the dimensions strength, coherence and intertextuality. Regarding the analysis of the social practice, it is important to emphasize that it is related to the ideological and hegemonic aspects in the discursive instance analyzed.<sup>11</sup> In this model, the discursive practice mediates between the text and the social practice, the latter being a dimension of discursive events.

The following categories of textual discourse analysis were identified: speech functions, demarcated, above all, by the use of interrogations, statements and negations; representation of social events and actors; evaluation and metaphor. The analysis of these categories assists the mapping of dialectical relations

between the social and the discursive, allowing the investigation of constitutive effects of texts in social practices, and vice versa.<sup>11</sup> The analysis process consisted of description (textual analysis) and data interpretation (discursive practice and social practice analysis), with the three dimensions overlapping.

Thus, in order to maximize the representation of the discursive practice analysis and of the social practice expressed in the participants' speeches, a specific representation was adopted in the description of textual analysis. Initially, the excerpts were numbered according to their presentation in the body of the text, as a way of organizing the presentation of the examples. In the body of the excerpts of the exemplified speech, the Italic tool was used to signal the part of the text that supported the speech interpretation. The italics also followed the same meaning, however representing what was emphatic in the interpretation.

Based on this representation it was possible to redeem the discursive aspects that revealed the approach to health advocacy as a competence for health promotion in Nursing education and, consequently, delimit the analytical categories found in the result of this study.

The research respected Brazilian *Conselho Nacional de Saúde*, Resolution N° 466, dated 12/12/2012.<sup>12</sup> It was approved by the Research Ethics Committee under opinion N° 147,544 and conducted in accordance with the required ethical standards. The subjects were previously informed about the objectives and purposes of the study and signed the Free and Informed Consent Form.

## RESULTS

Data analysis revealed a lack of definition regarding health advocacy in the participants' discourse. We found a diversity of meanings attributed to the term, either in the defense of legal law, as in the defense of user rights based on social participation by the construction of citizenship. The data allow us to infer that in the face of conceptual uncertainty, health advocacy competence is not recognized as a field worked in vocational training.

### HEALTH ADVOCACY: CONCEPTUAL INDEFINITION

It is expressively evident in the discourse of teachers a lack of definition regarding the term "health advocacy", which can be verified by the expressions of doubt and interrogations, as well as by statements of ignorance on the application of health advocacy. The participants' speeches revealed the predominance of the discursive aspects related to speech functions, mainly marked by the use of interrogations, statements and denials. As a way for exemplifying each of

these functions, the following discourses lead us to this understanding.

*[...] honestly, I don't know, I have never thought about that. Then I kept thinking that the only time I heard this term was in English, when I read some texts, because here in Brazil I don't remember hearing anything about it (Teacher 06).*

*[...] ah/I think/I don't know/maybe think of something/even defend an ideal health model, how would we talk? [...] And/I think it would be in that sense, I don't know if it's true. I have never heard the term in health, but I think that would be it (Teacher 07).*

*Wow! [amazing facial expression] Health advocacy? I had never heard that term. But I've heard about the right to health, could I consider both as similar? But I don't know much about this topic no (Student 02).*

Although the discourse of the study participants indicates lack of knowledge and inaccuracy about health advocacy, their intention to associate the term with the themes and/or strategies present in their practice and in the context of their education is evident. In this sense, it was common to associate health advocacy with the understanding of legal defense; the defense of the rights and citizenship of the user/patient, with meaning linked to social participation; as well as the defense of the professional category, as shown below.

Regarding the understanding of health advocacy in the sphere of legal defense, the presence of a discourse associated with the role of the professional lawyer in the defense of legally defined rights is evident. The participants' speeches reveal that these actors are decisive in the representation of health advocacy, as conceived in the following excerpts:

*No, I think it's cool for the opportunity for me to have something new, right? I will seek to know what it is, and read about it. It's interesting, I don't know if the name will help build what we need, right? Because it is very difficult to take this from what is already recognized, for those who are older like me, the Advocacy is the lawyer who does the advocacy. Who does is the lawyer, this in the common sense. Advocacy is a lawyer. In common sense, if you talk to anyone, I was here in common sense, which I know of, I know of my historical process, because I did a law year and I know law is advocacy. Socially, I know it's advocacy, and the lawyer is the symbolic and legal representative of the legal law. I understand, but I think the term is not the most appropriate. But interesting (Teacher 01).*

*Look, when you tell me about advocacy, the first thing that comes into my head is law, I think it's because I refer advocacy to the lawyer, the lawyer is constitution, rights, citizenship and everything more. So, I don't know what it would be right to say to you that would bring the idea I am getting into health advocacy right now (Student 11).*

In the speeches, it is not possible to perceive how the interviewees express the role of health professionals, specifically nurses, in health advocacy. Nor is the association of this competence associated with the idea of health promotion. It is also emphasized in the participants' speeches the tendency for the understanding on health advocacy to fall on the defense of individual and particular interests.

Health advocacy was expressed in the participants' understanding on the defense of citizenship rights that goes beyond the meaning of legal defense, as described above. In this sense, the speeches refer to the struggle for access to health, as well as the defense of a universal, fair and equitable health model. The following discourse is highlighted, which makes popular participation as a principle of current health policy and the co-responsibility of professionals and users in the fight for their rights.

*Regarding health advocacy XXX, what do you understand about this term, or what comes to mind when talking about health advocacy? (Researcher).*

*Well, this term reminds me on this thing of/if we talk about popular participation as a basic principle for current health policy. I believe that advocacy is to be with this population, the user, in search of what is their right. And then we never have only rights, there are some duties as well. But it is this matter of building assuming the same role of building together, sharing with this user, with the people who are there, I don't think it's just users, with the professionals themselves who are involved in this daily deal (Teacher 03).*

Popular participation is highlighted by the respondents by signaling the association of health advocacy with the defense of the "ideal" health model based on the principles of equality, justice and universality, highlighting the indication of the active performance of professionals along with the population in defense of these principles. This meaning attributed to health advocacy has been accompanied by the use of the expression "struggling", which brings us to the understanding of something unfinished, since the metaphor "struggling" indicates a permanent struggle, as follows:

*What do you mean by Health Advocacy? (Researcher).*

*Ah/I think/I don't know/maybe think of something/ even defend an ideal health model, how would we talk? Thinking about the expanded concept of health, I don't know if this is it, but I imagine, something that we/in this issue of health promotion, of struggling, trying to make people have more equal health, more equal rights, fairer, more universal rights, the accesses. So I think it would be that way, I don't know if it's true. I have never heard the term in health, but I think that would be it (Teacher 07).*

*Promotion advocacy means advocating for promotion, defending promotion, fighting for promotion. So I understand the term advocacy as being health advocacy. I cannot/I understand that it would be a directed field, an axis directed to the defense of health promotion, as a fundamental component in the new care model, a new relationship between professions, health and social, with/with a new form to see health and disease. So, advocacy, for me, brings me to the issue of defense, the defense of an ideal, the defense of a concept, a structuring concept to structure new ways of thinking about health, I understand a little, I really don't I know if I'm right (Teacher 08).*

These discourses highlight the presence of words and expressions, such as “defend”, “defense”, “fight”, which may indicate a sense of struggle and claim associated with health advocacy, reinforcing the idea of a “battle”. This claim also denotes a sense of struggle for “a new”, referring to the defense of a new way of thinking about health, a new care model and a new relationship between health and the social.

Given the meanings of health advocacy analyzed in the speeches of the respondents, it is clear that there is a discourse among participants that evokes the struggle for citizenship linked to the conquest of rights, with active participation of professionals and users. This leads us to the understanding of a process that is under construction in our society and that is represented in the participants' discourse by expressions such as “battle”, “struggle”, “construction” and “defense”.

The respondents refer to a “new model”, a “new form”, but still in an understanding that this objective image is in an idealized plane and therefore not yet conceptualized as a component of the health care model and health practices. The perception of defense and struggle from the accountability of the health sector is also noticed, without recognizing that this is a cause that interests other actors and social sectors in the defense of public policies mediated by the principles of inter-sectoriality and inter-disciplinarity.

Although presenting a poorly elaborated understanding on health advocacy, the participants broaden in their discourse

the concept of citizenship, approaching the comprehensive understanding of the term, as evidenced in the literature. In this sense, the findings initially demonstrate that citizenship is consolidated with the active participation of professionals and users. This understanding indicates that the participation and co-responsibility of professionals and users are indispensable elements for the construction of citizenship and a social policy aimed at reducing social inequalities. This emancipatory citizenship perspective is associated with facilitating health advocacy proposals, driven by empowerment, participation and empowerment, rather than protection and prevention seized by representational health advocacy.

Still emerging in the findings is the understanding of health advocacy associated with the defense of the professional category. One teacher (Teacher 05) associates health advocacy with the activity of the profession's regulatory bodies, whose function would be to supervise and punish professional practice. Another teacher (Teacher 10) associates the term with professional legislation, specifically obstetric legislation, which is their field of activity. He also adds to his definition the questions of law of health professionals, exemplifying the defense driven by the medical act, which has been restricting the field of action of professionals.

## HEALTH ADVOCACY AND VOCATIONAL TRAINING: REINFORCING THE INDEFINITION

When asked about the approach of health advocacy in professional Nursing training, students do not discuss the issue. This limitation may be related to the lack of definition on the theme, expressed by the statements of ignorance and misunderstanding of the term, which consequently implies that there are no strategies in Nursing education. As evidenced in the discourse of students the conceptual indefinability before the term “health advocacy”, there is in the teachers' discourses the use of evaluative expressions that indicate the absence of the theme in the training process.

This is exemplified by the excerpt from the following discourse, which points to the insufficiency of using the expression that “this is very poorly ventilated”. Next, we use a question, “What is promotion?”, arguing that if health promotion is no longer clear to most people, the concept of health advocacy is still less clear.

*Oh, I don't know, no. I may be wrong, I don't know all the disciplines in depth. But if I take the class names, by the grade I know, I think this is very poorly ventilated, just like this health promotion thing, it's very poorly ventilated, too. What is promotion? This is not clear in most people,*

*the more complicated is you think of health advocacy. As a promotion competency, as for action development, I think it's a bit complicated today, yet (Teacher 03).*

When asked about the barriers of the approach to health advocacy in training, one of the teachers expresses that health training tends to respond to market demands, using the expression “wave” to indicate that training comes on the wave of what the market is demanding. The interviewee also uses an indication of temporality to state that health advocacy has been stimulated since the 1980s, in the discussion of the health reform movement, in which the professional, as a holder of certain knowledge, could exercise this role of a “lawyer”.

*But is it yet an institutional limitation, or even of student incorporation? (Researcher).*

*[takes a deep, thoughtful breath] I think we go a lot for the wave of what the market is demanding, is presenting. I think we give a lot of answers for the things that are there. If we assume today the family health strategy as a policy, as a health policy, it did not come from us, it came from necessity and we are following and assimilating this kind of thing for us as educators. I think this idea is not necessarily a new idea, since I already hear that the nurse should be a lawyer for people for having knowledge because I don't know what, since the 80's, when we started discussing the reform movement. And then it was not just the nurse, but the health professional, as a holder of certain knowledge, could play this role. But I think it's a flag, not a practice. It's kind of a utopian thing, a fighting flag. As we have so many other fight flags out there, if this were exercised one would not need it (Teacher 03).*

The use of the conjunction “but” in the previous passage gives an opposition between the “fight flag” and the social practice. In this sense, it refers to the understanding that health advocacy is only – and one more – ideological conception for health defense.

## DISCUSSION

Based on the understanding of health advocacy as a competency for health promotion, we sought to analyze with teachers and students their understanding of this theme, as well as to verify how they analyze their approach in vocational training. Given the lack of definition regarding the term “health advocacy”, presented in this study, it allows us to question the existence and the concreteness of strategies in vocational training that favors the approach to health advocacy. Another

study reveals that, while health advocacy is recognized as a priority in the various guiding health promotion documents, as defined in the *Ottawa* charter, along with training and mediation, the theme is still underdeveloped in the field of health practices and in the training of health professionals.<sup>13</sup>

As well as the lack of definition related to “health advocacy”, the findings of the study reinforce what is exposed in the literature by identifying that there are a variety of often contrasting meanings linked to health advocacy, especially emphasizing the diversity of objectives and ideologies related to it.<sup>6,13,14</sup>

Health advocacy can be supported by two main objectives: protecting vulnerable/discriminated people and/or groups and empowering people to “have a voice” by allowing them to express their needs and make their own decisions. These goals define the typology of health advocacy, such as representational advocacy and facilitative advocacy, respectively.<sup>14</sup> Above all, attention should be paid to the diversity of values and objectives attributed to health promotion, in order to understand which models and approaches to health advocacy apply in particular contexts. In this sense, the legal discourse associated with health advocacy allows us to conclude that there is an association of the respondents with the idea of representational health advocacy, as it tends to act at the level of *case advocacy*,<sup>14</sup> driven by the perception on the need to protect or defend such interests.

Regarding the understanding on health advocacy expressed by the participants in the sense of defending the citizenship rights, it is necessary to highlight that there is a close relationship between health law and health advocacy, the former being understood as a normative system, in which the right to health as a universal right stands out, established by means of legal standards in the area. In this sense, health advocacy is based on the principle of basic rights that are legally affirmed or not, which are disrespected or not guaranteed.<sup>6,7</sup>

It is recognized that it is not enough that the right to health and its guarantees are expressed in documents, it is necessary to make it a *de facto* guaranteed right. In this sense, considering health advocacy as a strategy for health promotion represents an important instrument of social participation aimed at defending the universal right to health.<sup>13</sup>

Health advocacy is defined as

*[...] a combination of individual and social actions aimed at gaining support and political commitment, social acceptance and systems support for a particular health goal or program through various interpersonal means, institutions and the media.*<sup>5,15</sup>

From this concept, it can be stated that actions can be taken by or on behalf of individuals and groups in order to

enable health-friendly living conditions as well as healthier lifestyles.<sup>6,7,15</sup> Health advocacy, therefore, is in a field that goes beyond the sense of legal defense, going beyond the role played by traditional advocacy, attributed only to the law graduate.

From this perspective, social participation assumes the role of raising the status of citizen aware of their rights and able to fight to expand them. Thus, by empowering health advocacy as a competence for health promotion, it brings to light the deliberative character of social participation through the creation of spaces for discussion and deliberation in which society expresses its opinions and influences the decision-making process.<sup>16</sup>

When questioning about health advocacy, in the speeches of the participants the search for the defense of the professional category is noticed, presenting itself as a cause. This is noteworthy as it identifies the relevance of nurses to being involved in political processes, both at the private, professional and social levels, which implies having knowledge of the laws and regulations governing the profession, as well as knowledge of the processes and sources of articulation of health policies, as well as the knowledge that nurses have about society and its social and economic policies, in which they operate.<sup>17</sup>

Several studies have reasserted the challenges of the approach to health advocacy in vocational training, especially reinforcing the need to include content and strategies for their incorporation into undergraduate and postgraduate curricula,<sup>17,18</sup> as in courses specific to the field of public health.<sup>19</sup> It is noteworthy in the analysis of the literature on the subject that most are concentrated in international studies, indicating in this sense the limits of scientific production about professional training for health advocacy in the national scenario. This finding may somewhat approximate the inconsistency of the study participants' understanding of the subject.

In fact, in the movement to confront the military dictatorship and the struggle for rights, the health sector assumed a decisive role for a social and citizen history, involving academia, health workers, workers and different actors of social movements. In this context, health advocacy has given rise to an expanded concept of health, recognizing the quality of life, the change in the sector in a conception of defragmentation, integrality of care, participation of society in decision making and understood as a right. of all and the duty of the state.<sup>20</sup> This entailed a singular intertwining between the terms "health" and "citizenship": conceptual, political and attitudinal novelty in sector management, professional practices and forms of social participation.<sup>21</sup>

For more than ten years, Ceccim and Ferla have stated that the training of health professionals has been an important reservoir of resistance against the advances of citizenship in health, having not absorbed this history of struggles and society project, and thus, weakening it. Ultimately, if not reversed, this tendency could accuse the dismantling of a level of conquered

citizenship, demanding from society new positioning and new confrontation for the same cause: health as a right of all and the duty of the State.<sup>21</sup>

In line with the previous quote, we are experiencing a context in Brazilian health in which it calls for a new position in defense of social rights conquered in the 1988 Constitution, as well as the defense of the Unified Health System (*Sistema Único de Saúde*, SUS). Fiscal adjustment and austerity policies have dismantled health and social protection systems, the dismantling of a welfare state.<sup>22</sup> The challenges facing this context are complex, as it deals with the hegemony of the market logic in the health field, the preeminence of the biomedical care model and the consequent economic, social and political inequalities. As well as the underfunding of the public health system and tax injustice in the transfer of public resources, strategies to subsidize health insurance market profits.<sup>20,23</sup>

By referring to the author's thinking that is citing "*Hope is us... and the others*", the author refers to a metaphor to express the certainty that the defense of the SUS, democracy and social rights, at this particular moment, depends on civil society rather than the state and professional politicians.<sup>24</sup> The author even emphasizes that

*[...] it depends on the revitalization of the health movement and its articulation with broad sectors of society – movements for the struggle for rights, such as women, the elderly, indigenous and black populations, people with pathologies, and various religious beliefs that also participate in life. finally, we have to verbalize an inclusive project of society and, specifically, of the right to health.<sup>24</sup>*

By the discourse of the participants, it can be asserted that taking health advocacy as competence for health promotion implies the association of a set of values (health, law, citizenship, participation), in a combination of strategies involving the action community, individuals and health professionals. However, there are challenges to be faced in order to understand that this is a cause that interests other actors and social sectors, reinforcing the defense of public policies mediated by the principles of inter-sectoriality and inter-disciplinarity.

It is believed that the training process should be able to prepare the health professional, regardless of their category, to act in health promotion. The development of skills for health promotion is learned by making, continuously and daily, based on the insertion of students in health services, which favors learning by approximations with the population and the development of autonomy and critical vision.<sup>1</sup> It should be noted in the face of the findings of a literature review, that there is no pattern of skills development for health promotion, whether at the time of the course — first or last year — or in the strategy

used — theoretical or practical classes and at the level of higher education — both in undergraduate and graduate studies.<sup>25</sup>

## FINAL CONSIDERATIONS

From the analysis of the results, it can be suggested that, while there is conceptual confusion linked to health promotion, an (even greater) conceptual inaccuracy about health advocacy is evidenced. This concept is found in the discursive practice of the participants in a fragile way, which signals their restricted approach in the professional training. Therefore, it is inferred that health advocacy is not yet recognized in the context of this study as a field worked in professional training, printing only a utopian conception for the defense of health, without effective application in reality. This analysis allows us to suggest a greater investment with teachers and students about the concept and competencies of health advocacy, with health promotion as a reference.

In the data set, expressions that signal the direct association between health advocacy and health promotion were not identified, and it was not recognized in this sense, as competence for health promotion. Given the submitted meanings of health advocacy, the discourse among the participants draws attention that evokes the struggle for citizenship linked to the conquest of rights, with active participation of professionals and users. This demonstrates an approximation of their perspective to the real concept of health advocacy, even if participants do not recognize as such.

It is worth emphasizing the limits of this study when understanding the reality of a single context and sample, which becomes appropriate to extend the body of knowledge of health advocacy as competence for health promotion in the various spaces of articulation of the social practice in health and vocational training. With the trajectory developed, it is thought to be fundamental to advance in the area of teaching and research for the construction and strengthening of such concepts, understanding the similarities attributed to the concept of health advocacy in the national context.

The research findings will contribute to the development of new perspectives for social practice and professional training in health, from a perspective of the most reflective and active professional in the defense of health and in the guarantee of citizenship. This understanding suggests the effort of the principles of participation and the co-responsibility of the professionals and users as indispensable elements for the construction of citizenship and the reduction of social inequalities, in a context that urges the need to propose, debate and adopt management models and sanitary practices that contribute to improving the quality of health actions and practices.

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