



Brief counseling strategies on physical activity developed by health professionals

Estratégias de aconselhamento breve sobre atividade física desenvolvidas por profissionais de saúde

Estrategias de consejo breve sobre actividades físicas desarrolladas por profesionales de salud

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ABSTRACT

Objective: To describe the strategies used in brief counseling on physical activity carried out by health professionals working in Basic Health Units. **Method:** This is a cross-sectional and qualitative study that involved the application of a remote questionnaire to health professionals linked to a Regional Department of Health of the state of São Paulo between March and September 2021. The data relating to brief counseling strategies were organized in a spreadsheet and distributed into six categories based on a comprehensive qualitative analysis of the content and, subsequently, a frequency and percentage analysis of these categories. **Results:** In total, 34 health professionals responded to the questionnaire, with an average age of 40.4+8.6 years, mostly female and working in the nursing field. Among the brief counseling strategies, recommending the "type of physical activity" (50%) was the most frequent category by health professionals, with walking being the most recommended practice (40.4%). Categories of brief counseling were also created on "time and/or frequency" of physical activity" (21.4%), "benefits of physical activity" (11.9%), "physical activity preferences" (7.1 %), "intensity of physical activity" (4.7%) and "recommendation for specific audiences" (2.3%). **Conclusion:** The majority of brief counseling presented a more prescriptive characteristic. Therefore, training and support for the ongoing education of health professionals is suggested so that counseling strategies are guided by preferences, pleasure, and fun to promote physical activity.

Keywords: Counseling. Physical Exercise. Health Workers. Health Promotion.

RESUMO

Objetivo: Descrever as estratégias utilizadas no aconselhamento breve sobre atividade física realizadas por profissionais de saúde que atuam em Unidades Básicas de Saúde. **Método:** Trata-se de um estudo transversal e qualitativo que envolveu a aplicação de questionário remoto para profissionais de saúde vinculados a um Departamento Regional de Saúde do estado de São Paulo, entre março e setembro de 2021. Os dados referentes às estratégias de aconselhamento breve foram organizados em uma planilha e distribuídos em seis categorias, a partir de uma análise qualitativa compreensiva do conteúdo e, posteriormente, foi realizada a análise de frequência e percentual destas categorias. **Resultados:** Ao todo, 34 profissionais de saúde responderam ao questionário, com média de idade em 40,4+8,6 anos, majoritariamente do sexo feminino e atuantes na área de enfermagem. Entre as estratégias de aconselhamento breve, recomendar o "tipo de atividade física" (50%) foi a categoria mais frequente pelos profissionais de saúde, sendo a caminhada a prática mais aconselhada (40,4%). Também foram construídas categorias de aconselhamento breve sobre o "tempo e/ou frequência" de atividade física" (21,4%), "benefícios da atividade física" (11,9%), "preferências de atividade física" (7,1%), "intensidade de atividade física" (4,7%) e "recomendação para públicos específicos" (2,3%). **Conclusão:** A maioria dos aconselhamentos breves apresentaram características mais prescritivas. Portanto, sugerem-se capacitações e apoio para a educação permanente dos profissionais de saúde, a fim de que as estratégias de aconselhamento sejam orientadas por preferências, prazer e diversão, visando, assim, a promoção da atividade física.

Descritores: Aconselhamento; Exercício Físico; Trabalhadores da Saúde; Promoção de Saúde.



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RESUMEM

Objetivo: Describir las estrategias utilizadas en el consejo breve sobre actividad física realizadas por profesionales de salud que actúan en Unidades Básicas de Salud. **Método:** Estudio transversal y cualitativo que incluyó la aplicación de cuestionario remoto para profesionales de salud vinculados a un Departamento Regional de Salud del estado de São Paulo, entre marzo y septiembre de 2021. Los datos referentes a las estrategias de consejo breve fueron organizados en una planilla y repartidos en seis categorías, a partir de un análisis cualitativo comprensivo del contenido y, después, fue realizado el análisis de frecuencia y percentil de estas categorías. **Resultados:** 34 profesionales de salud respondieron al cuestionario, con media de edad en 40,4 ± 8,6 años, mayoritariamente del sexo femenino y actuantes en el área de enfermería. Entre las estrategias de consejo breve, recomendar el “tipo de actividad física” (50%) fue la categoría más frecuente por los profesionales de salud, siendo la caminata la práctica más aconsejada (40,4%). También fueron construidas categorías de consejo breve sobre el “tiempo y/o frecuencia de actividad física” (21,4%), “beneficios de la actividad física” (11,9%), “preferencias de actividad física (7,1%), “intensidad de actividad física” (4,7%) y “recomendación para públicos específicos” (2,3). **Conclusión:** La mayoría de los consejos breves presentan características más prescriptivas. Por lo tanto, se sugieren capacitaciones y apoyo para la educación permanente de los profesionales de la salud, con el objetivo de que las estrategias de consejo sean orientadas por preferencias, placeres y diversión, objetivando, así, la promoción de la actividad física.

Descriptor: Consejo; Ejercicio Físico; Profesional de salud; Promoción de la salud.

INTRODUCTION

In Brazil, it is recommended that health professionals' performance in the context of Primary Health Care (PHC) of the Unified Health System (SUS) be guided by different aspects, such as comprehensiveness⁽¹⁾ and longitudinality of care⁽²⁾, especially from the Family Health Strategy (ESF) perspective, the largest health program in Brazilian PHC, organized by a multidisciplinary team that has an interdisciplinary approach, consisting at least of the doctor, nurse, technician in nursing, dentist, oral health assistant and Community Health Agents, with the purpose of health care being focused on the daily lives of families and communities and not just focusing on the disease and the individual⁽³⁾.

Considering such scope of care, these spaces are configured as potential for implementing actions aiming at health promotion. Among the actions is the promotion of physical activity (PA)⁽⁴⁾. This broad action goes beyond body practice groups associated with energy expenditure but is supported by a set of actions that involve educational aspects such as education groups in health, community campaigns, professional training, and individual or collective counseling for health users, for example, as recommended by the National Health Promotion Policy (PNPS)⁽⁵⁾. The consequences of these actions are also linked to the prevention of Chronic Non-Communicable Diseases and other health problems.

In this way, the PNPS⁽⁵⁾ and scientific literature highlight the positive effects of brief counseling on PA practice⁽⁶⁾, which can be offered in various PHC actions and contexts, such as routine consultations in Basic Health Units. (UBS), in-home visits, in the waiting room, collective health education actions, and other opportunities that professionals can develop from the multidisciplinary health team⁽⁷⁾.

In this way, several health professionals who work in Brazilian PHC offer brief counseling on PA⁽⁸⁾. However, there is still little knowledge about the topics covered during professional practice, and understanding them may imply support for training and production of technical materials consistent with professional needs. Therefore, the objective of this study was to describe the strategies used in brief counseling on physical activities carried out by health professionals who work in Basic Health Units.

METHODS

This is a cross-sectional and qualitative study carried out with different categories of health professionals linked to the UBS of the Regional Health Department of the Piracicaba region (DRS), which covers 26 municipalities in the interior of the state of São Paulo. Among the purposes of the DRS are: I – Contribute to the quality of life of the population of the respective regions, coordinating, articulating and organizing; and managing the local regional health system; II – Identify the need to purchase health services; III – Promote the articulation of metropolitan health systems; IV – Evaluate, monitor and establish technical cooperation between health systems and V – Make available and publicize health and management information that enables social control of the performance of the health system, as directed by Decree No. 51,433, of December 28, 2006⁽⁹⁾.

Initially, a partnership was celebrated between the research team and the DRS coordination. Then, the research instrument was disseminated by DRS via email and WhatsApp® groups of PHC managers so that they could pass it on to all health professionals working in the basic health network, with the research taking place between March and September of 2021. As inclusion criteria, health professionals linked to the UBS were considered, whether or not they had the Family Health Strategy, regardless of the length of professional experience at the UBS and SUS. It is relevant to highlight that during the period in which the questionnaire was open, five reinforcements were given via email to DRS about the study, with positive and agile feedback for forwarding the research, in addition to the participation of the main researcher in a regular meeting monthly (Primary Care Technical Group), carried out with PHC managers from the 26 cities linked to the DRS.

As for the assessment instrument, an electronic questionnaire was prepared and applied remotely using Google Forms due to the pandemic period. This questionnaire was constructed from some previously validated references (10,11,12,13) and others prepared by the researchers, totaling 127 questions organized into five domains. For this study, only two domains were considered, which contained 17 questions: I – Description of the sample (e.g., sociodemographic variables, health conditions, professional performance and training, health indicators, and practice of PA counseling) and II – description of the brief counseling for PA referred by health professionals based on a single, open-ended question (“What do you counseling/recommend regarding physical activity in your care?– Describe the phrases or resources you use with healthcare users before or during the pandemic).

Descriptive analyses were conducted, presenting mean, standard deviation, and distribution frequency, carried out using SPSS 26 software and presented in tables. For open-ended responses (e.g., brief counseling strategies), they were initially organized in an Excel spreadsheet and, subsequently, based on comprehensive content analysis, distributed into six categories constituted according to the response patterns (e.g. (1) Types of PA, (2) Time and/or frequency of PA, (3) Benefits of PA, (4) PA preferences, (5) PA intensity, and (6) PA recommendations for specific audiences).

This study was approved by the Human Research Ethics Committee of the Universidade Estadual Paulista (UNESP), with the following protocol number: 4,532,038.

RESULTS

In total, 34 health professionals from nine cities responded to the electronic questionnaire. An average age of 40.4+8.6 years was observed, with a higher frequency of women (31; 91.2%), nursing professionals with postgraduate degrees, and physically active (e.g., according to the readiness stage to behavior change), non-smokers, and without chronic diseases. The average time working in the respective UBS was 6.4+7.2 years, and 70.6% of the participating UBS have at least one Family Health Strategy Team. Regarding the provision of brief counseling on physical activity, 25 (73.5%) professionals reported doing so before and during the COVID-19 pandemic (Table I).

Table I – Sociodemographic profile, health conditions, and performance of Primary Care health professionals. Regional Department of Health of the Piracicaba region (DRS), São Paulo, Brazil, 2021, (n=34).

Variables analyzed	n	%
Sociodemographic variables		
Gender		
Female	31	91.2
Male	3	8.8
Marital Status		
Married or in a stable relationship	22	64.7
Single	8	23.5
Widowed/Separated	4	11.8
Skin color		
White	24	70.6
Brown/Black	10	29.4

Average family income *		
1 to 6 minimum wages	12	35.3
7 to 10 minimum wages	13	38.3
≥11 minimum wages	8	23.5
Rather not answer	1	2.9
Profession		
Nurse	22	65.7
Dentist	6	17.0
Nursing Technician	3	8.6
Physical Education Professional	1	2.9
Doctor	1	2.9
Oral Health Assistant	1	2.9
Education Degree		
Postgraduate	21	61.8
Working time at UBS		
8 hours a day	28	82.4
Number of Family Health Teams at UBS		
None	5	14.8
1 team	24	70.6
2 – 4 teams	5	14.6
Health Condition		
Health Classification **		
Excellent	6	17.6
Very good	16	47.1
Good	11	32.4
Regular	1	2.9
PA classification according to the Transtheoretical Model		
Have been practicing PA for more than 6 months	21	61.7
Have been practicing PA for less than 6 months	2	5.9
Intend to start practicing PA in the next 30 days	2	5.9
Intend to start practicing PA in the next 6 months	7	20.6
I don't intend to start practicing PA regularly	2	5.9
Cigarette consumption		
No	31	91.2
Yes	3	8.8
Chronic diseases		
No	21	61.8
Yes	13	38.2
Professional practice		
Offered brief PA counseling before the COVID-19 pandemic		
Always	25	73.5
Sometimes	6	17.6
Never	3	8.8
Offered brief counseling on PA during the COVID-19 pandemic		
Always	25	73.3
Sometimes	8	23.8
Never	1	2.9
Degree of relevance attributed by health professionals to the content of PA		
Very Important	27	79.4
Important	7	20.6

Caption: +Based on the minimum wage for the year 2021 (R\$: 1,100.00); PA – Physical Activity; UBS – Basic Health Unit; ++The health classification was based on the general question of the SF-36 quality of life questionnaire – “In general, how healthy are you?”.

Source: prepared by the authors.

Concerning the contents covered in the practice of brief counseling on PA, 42 different descriptions were identified since five respondents (11.9%) had answers assessed as belonging to more than one category. The strategies frequently addressed in brief counseling on PA were “type of PA” (50.0%) and “time/frequency of PA” (21.4%) (Table II).

Table II – Percentage of brief counseling strategies on Physical Activity used by Primary Health Care professionals and stratified by category. Regional Health Department of the Piracicaba region (DRS), São Paulo, Brazil, 2021, (n=42).

Brief Physical Activity Counseling Strategies	n	%
Types of PA	21	50.0
PA time and/or frequency	9	21.4
Benefits of PA	5	11.9
PA Preferences	3	7.1
PA intensity	2	4.7
PA recommendation for specific audiences	1	2.3
Does not recommend	1	2.3

Caption: PA – Physical Activity; UBS – Basic Health Unit.

Source: prepared by the authors.

Table III presents, in detail, the content suggested by health professionals to UBS users. The data was arranged according to the six categories identified by the study.

Table III – Description of the different brief counseling strategies on Physical Activity recommended by Primary Health Care professionals. Regional Health Department of the Piracicaba region (DRS), São Paulo, Brazil, 2021, (n=34).

<i>physical activity type recommendations (n = 21)</i>
PS1: Walking, sports, online training, in-person training with a trained professional (as long as it complies with all COVID-19 protocols)
PS2 and 7: Walking and stretching
PS3: Try to do physical activities at least three times a week./ Take walks around the lake, preferably in the morning or late afternoon. It's free, you'll be in contact with nature, you'll be in a good mood and your day will go much better./ Sign up for the water aerobics group, for those of you who have joint problems, it's the ideal exercise, as it doesn't cause any impact./ Sign up Go to the municipal gym for localized gymnastics and/or weight training classes. Physical educators have different schedules and you are sure to find the most suitable one for your routine./ Exercise helps not only your body but your mind, and your immune system, and it even helps you make friends
PS4, 6 and 20: Walking
PS5: Walking, water aerobics, riding a bike with a group
PS8: Stretching at home, sitting and getting up from a chair, strengthening your arms using a broomstick. I advise weight lifting with a packet of sugar or beans.
PS9: Walking, good eating habits
PS10: Walking, minimum 30'/day
PS11: Pilates
PS12: Walk around the block, ride a bike
PS13: Light to moderate activities such as walking and cycling
PS14: Start taking a light walk of at least 30 minutes a day, always respecting your limits
PS15: Walking, outdoor activities
PS16: Walking, outdoor gym
PS17: Walking, pilates, swimming
PS18: I recommend walking, at least 30 minutes/day, with a mask, in an open place, without many people, most days of the week. Before the pandemic, I indicated physical activity that I liked most on most days of the week, at least 30 minutes/day
PS19: Walking, PA videos on YouTube
PS21: Walking, water aerobics, etc., all with medical approval

Recommendations for time/frequency of physical activity/physical exercise (n = 9)

PS3: Try to do physical activities at least three times a week./ Take walks around the lake, preferably in the morning or late afternoon. It's free, you'll be in contact with nature, you'll be in a good mood and your day will go much better./ Sign up for the water aerobics group, for those of you who have joint problems, it's the ideal exercise, as it doesn't cause any impact./ Sign up Go to the municipal gym for localized gymnastics and/or weight training classes. Physical educators have different schedules and you are sure to find the most suitable one for your routine./Exercise helps not only your body but your mind, and your immune system and even helps you make friends

PS23: I recommend starting regular physical activity for 30 continuous minutes, three times a week. Activity should be intensified over the first month so that it is practiced for 60 minutes a day, preferably five times a week

PS24 and 26: 3x a week for 30 minutes

PS25: Physical activity of at least 30 minutes

PS10: Walking, minimum 30'/day

PS14: Start taking a light walk of at least 30 minutes a day, always respecting your limits

PS29: I ask you to start even for 20 minutes twice a week and increase

PS18: I recommend walking, at least 30 minutes/day, with a mask, in an open place, without many people, most days of the week. Before the pandemic, I indicated physical activity that I liked most on most days of the week, at least 30 minutes/day

Benefit-Based Recommendations (n = 5)

PS3: Try to do physical activities at least three times a week./Take walks around the lake, preferably in the morning or late afternoon. It's free, you'll be in contact with nature, you'll be in a good mood and your day will go much better./ Sign up for the water aerobics group, for those of you who have joint problems, it's the ideal exercise, as it doesn't cause any impact./ Sign up Go to the municipal gym for localized gymnastics and/or weight training classes. Physical educators have different schedules and you are sure to find the most suitable one for your routine./Exercise helps not only your body, but your mind, and your immune system and even helps you make friends

PS32 and 35: Physical activity is essential for physical and mental well-being

PS33: Benefits for physical and mental health, disease prevention, avoiding decompensation in the case of existing pathologies, maintaining or reducing weight

PS34: Physical exercise will help you maintain a balanced health, do it outdoors during this pandemic period

Recommendations by preferences (n = 3)

PS36: Let's insert/increase the activity you like most in your daily life, thinking about cost, time, personal desire

PS37: I encourage people to perform physical activities that bring them satisfaction

PS18: I recommend walking, at least 30 minutes/day, with a mask, in an open place, without many people, most days of the week. Before the pandemic, I indicated physical activity that I liked most on most days of the week, at least 30 minutes/day

Intensity recommendations (n = 2)

PS13: Light to moderate activities, such as walking and cycling

PS14: Start taking a light walk of at least 30 minutes a day, always respecting your limits

Recommended physical activity for specific groups (n = 1)

PS41: I generally recommend physical activities to diabetic, hypertensive, elderly, and depressed users.

Does not recommend (n = 1)

PS42: No

Caption: PS – Health Professional; bold – Professionals who reported more than one category of brief counseling.
Source: prepared by the authors.

Within the “type of PA” category, it was noted that walking is the most frequently recommended practice, represented by 17 reports (40.4%). Furthermore, in 11 (26.1%) brief counseling sessions, guidance on “time, frequency and intensity for physical activities” was addressed (Table IV).

Table IV – Summary of the type of physical activity, time, frequency, and intensity recommended by Primary Health Care professionals. Regional Health Department of the Piracicaba region (DRS), São Paulo, Brazil, 2021, (n=42).

	n	%
Recommended types of PA		
Walk	17	40.4
Water aerobics	3	7.1
Ride a bike	3	7.1
Stretching	3	7.1
Others (Pilates, swimming, etc.)	8	19.0
Recommended PA time/frequency/intensity		
20 to 30 minutes – 2 to 7 times/week – light to moderate intensity	11	26.1

Caption: PA – Physical Activity; UBS – Basic Health Unit.

Source: prepared by the author.

DISCUSSION

Considering the emergence of research that investigates the details of brief counseling for the practice of PA by health professionals who work in UBS and thinking about future professional training programs, it is relevant to understand the dialectical resources in health spaces.

In the present research, health professionals reported different types of brief counseling on PA, including the “type of PA” strategy, with walking being the most recommended PA. According to scientific evidence, lack of time is one of the barriers listed by health professionals for not providing counseling, along with low or absent access to PA promotion content during professional training^(8,14,15). In this sense, recommending walking seems more in line with the barriers imposed by professional practice, considering that it is a condition naturally required in activities of daily living, which can facilitate the process. Furthermore, advising walking can be potentially positive, as those who practice walking are more likely to achieve PA recommendations (>150 min/week) over time than those who do not do so^(6,17).

Another point that must be considered and involves brief PA counseling concerns UBS structures that tend to be positioned primarily in places of greater social vulnerability^(18,19), where, often, the location of these health spaces does not dialogue with urban planning that favors leisure PA, such as access to parks, squares, cycle lanes, cycle paths, and outdoor gyms. Thus, there is the barrier of absence and/or lack of security in public spaces/equipment, such as lighting and signage of sites, maintenance of gardening and physical structures, which, in ideal conditions, would be an excellent tool to support brief advice from healthcare professionals^(20,21,22).

Although there is progress in PA public policies for Primary Health Care, with the creation of the Health Academy Program (PAS), established in 2011, which seeks to offer a diversity of bodily practices and PA to the Brazilian population, to promote healthy lifestyles, based on the implementation of centers with infrastructure and qualified professionals⁽²³⁾, there are still challenges in financing it so that the majority of the Brazilian population has access to this structure⁽²⁴⁾. From this perspective, it was possible to demonstrate, until then (September 2023) and via the e-Gestor system, that the study region of this research has only two cities with active PAS hubs, within the 24 that make up the DRS, being condition potentially limiting for brief counseling⁽²⁵⁾, since it is a space essentially linked to the UBS, which could facilitate the referral of health users by professionals, encouraging their connection in health promotion actions, in particular, the promotion of PA, such as gymnastics groups, actions health education, lectures, among others.

In this sense, it was also found that few brief pieces of advice sought to guide “preferences”, whether through the choice of more prescriptive strategies, barriers of time, knowledge, or even the absence of public places close to the UBS to be referred to health users. Corroborating the idea⁽²⁶⁾, when analyzing leisure spaces in the city of Pelotas (RS), they identified inequities in the distribution of leisure spaces, such that the higher the income in a given region, the greater the number of leisure spaces, being a condition contrary to the SUS principle of equity. Other authors⁽²⁷⁾ analyzed a representative sample of adults from the city of São Paulo (SP) and found that there is a greater chance of people walking during their leisure time when there are at least two types of open public spaces available within a radius of 500 meters from their residence, however, only 32% of residents fit into this ideal scenario, and 22% did not have any public space close to their residence.

Also, it is worth paying attention to the fact that the research question is open-ended, as it may have helped the health professional consider the time of the pandemic to formulate the answer, suggesting brief, more contained advice for health reasons. However, the wording of the question indicated that the description could consider a period before and during the COVID-19 pandemic.

In this sense, brief advice may have been restricted to walking recommendations, above all, as it is free PA, easily carried out by adults and elderly, especially those suffering from chronic diseases, and also a preferred practice by users of the Unified System of Health⁽²⁸⁾ and the most practiced by Brazilians⁽²⁹⁾. In addition to the pandemic period, aspects of professional training are limited in terms of PA content, which makes the repertoire of strategies and guidelines for brief counseling for healthcare users difficult⁽³⁰⁾. It is worth considering that different health professionals can advise on the benefits of practicing PA, encourage the user to choose one of their preferences, hear about their barriers to PA health limitations, and embrace these situations so that the guidance is always positive, avoiding judgments and punishments⁽³¹⁾.

It was also possible to verify that a portion of the brief advice was related to the dose of PA, such as an indication of time, frequency, and intensity, ranging from 20 to 30 minutes, 2 to 7 times a week, and from light to moderate intensity, related to different types of PA, but mainly with walking. According to the recommendations of the World Health Organization (WHO) and the Physical Activity Guide for the Brazilian population, a minimum of 150 to 300 minutes of PA per week with moderate to vigorous intensity is recommended for adults and the elderly^(32,33,34).

It is worth mentioning that the recommendations and the Guide address guidelines for different age groups and health conditions; however, although this research does not identify the characteristics of users assisted by health professionals, we can infer that the recommendations are aimed at adults and the elderly. Furthermore, several studies that sought to identify the characteristics of health users and the prevalence of PA counseling in Brazilian UBSs found that the public that receives the most guidance is mostly adults, elderly, females, and those with chronic illnesses, in addition to being the most served within the UBS^(35,36,37,38).

On the other hand, in this study, there was also a tendency to advise PA for physical and mental health. This type of guidance coincides with global data that physical inactivity burdens health systems, increases treatment costs, and prevents population survival increase⁽³⁹⁾. Although this narrative is consolidated and there is no disagreement about this fact, it is worth pointing out that we still have a high prevalence of people who are unable to meet the recommendations for leisure-time PA, reaching almost 50% of the Brazilian population and highlighting inequities in access to practice⁽⁴⁰⁾, thus recognizing the potential for engaging in PA practices that provide feelings of pleasure and well-being⁽⁴¹⁾. In other words, to enjoy and feel good in the environment you frequent. Therefore, it makes sense to incorporate guidelines more related to these aspects into the dialogue of health professionals and even value PA in daily life, such as active movement and breaking sedentary behavior, as opposed to approaches that recall the harm of not performing PA, fear, and prescriptive guidelines. Such content can be worked on through continuing training and permanent health education, with the support of Guides, such as the "Physical Activity Guide for the Brazilian Population"⁽³³⁾, the "Physical Activity Guide for the Brazilian Population: recommendations for Managers and health professionals"⁽⁴²⁾ and the "Guidance Guide for Brief Counseling on Physical Activity in PHC of the Unified Health System (GAB)"⁽³¹⁾, in addition to the course offered by UNA-SUS, called "Promotion of physical activity in primary health care and its inclusion in SUS planning and management instruments"⁽⁴³⁾.

The limitations of the present study can be considered by the sampling nature of this research, although it is of qualitative origin. However, the study presented a diversity of participants as of the 26 cities that make up the DRS, professionals from nine different cities participated in it. Furthermore, not considering the target audience may be a limitation. However, current scientific literature presents a range of information that characterizes the most prevalent population to receive brief advice. Therefore, this study focuses only on PA strategies and guidelines carried out by professionals working at UBS.

FINAL CONSIDERATIONS

The scenario presented indicates that UBS health professionals tend to recommend walks or recommendations for time and/or frequency but not necessarily linked, and guidance on the benefits for physical and mental health in a more prescriptive way. However, little guidance was given to the practice of PA by preferences and feelings related to pleasure and fun, for example. Considering this type of tactic as favorable for approaching and engaging healthcare users with body movement, it would be appropriate to offer training to healthcare professionals on brief counseling strategies that consider this kind of content, contributing to health promotion.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHORS' CONTRIBUTION

Letícia Aparecida Calderão Sposito contributed to the preparation, study design, acquisition, analysis, interpretation of data, writing, and review of the manuscript. **Paulo Henrique Guerra** contributed to the analysis, data interpretation, writing, and review of the manuscript. **Eduardo Kokubun** contributed to the preparation, study design, writing, and review of the manuscript.

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