



ARTIGO ORIGINAL

LEISURE AND HEALTH: UNDERGRADUATE AND GRADUATE STUDENTS EXPECTATIONS FROM BRAZIL AND THE UNITED STATES OF ACTION IN THE HEALTH FIELD

ISSN: 2178-7514

Vol. 7 | Nº. 3 | Ano 2015

Lazer e saúde: expectativas de graduandos e pós-graduandos do Brasil e dos Estados Unidos de atuação no campo da saúde

Letícia Pasin¹, Cinthia Lopes da Silva¹, Tomeka M. Robinson², Danny Valdez Jr³, Cody M. Clemens⁴, Vicent Hendershot⁵, Megan Ray Robb⁶, Keenan Hamilton⁷, Milena Avelaneda Origuela¹

RESUMO

Os objetivos deste trabalho são identificar: 1) a compreensão que graduandos e pós-graduandos do Brasil e dos Estados Unidos de cursos relacionados a área da saúde possuem de lazer e saúde e 2) a expectativa de tais estudantes em relação a atuação no campo da saúde. Ao se falar em saúde há uma tendência no meio científico em reduzir a questão a aspectos relacionados a fatores exclusivamente biológicos, sendo desconsiderada a condição de vida dos sujeitos, os fatores culturais, a escolha individual. Além disso, embora seja amplamente difundida a ideia de que as práticas corporais fazem bem à saúde, há uma parcela mínima da população adepta a tais práticas. A maneira como tais práticas são dirigidas pelos profissionais da área da saúde pode ser um dos elementos influenciadores da opção dos sujeitos com relação a realização ou não das mesmas como opção de lazer. A metodologia utilizada foi a pesquisa bibliográfica e de campo, caracterizando este estudo como qualitativo. A pesquisa de campo utilizou entrevistas semiestruturadas. Como resultado, observou-se que os entrevistados falaram de um conceito de “saúde” como ausência de doença, sinônimo de atividade física e totalidade humana. Com relação ao lazer se referem a somente o tempo livre das obrigações e a diversão, desconsideram o desenvolvimento pessoal e social. Os entrevistados estão cientes de que o campo da saúde tem oportunidades de crescimento e mudança, no entanto, nenhum deles respondeu em detalhes o que esperam de seu trabalho no futuro.

Palavras-chave: Estudantes de Ciências da Saúde, Determinantes sociais da saúde, Atividades de lazer, Educação Física e treinamento, Apoio ao desenvolvimento de recursos humanos.

ABSTRACT

The objectives of this work are to identify: 1) the understanding that undergraduate and graduate students from Brazil and the United States have of courses related to leisure and health, and 2) the expectation of such students in relation to activities in the health field. When talking about health there is a tendency in scientific circles to reduce the issue to aspects exclusively biological, and disregard the living conditions of the subjects, cultural factors, and individual choice. Moreover, although it is a widespread idea that body practices are good for health, there is a small portion of the population adept with such practices. The way such practices are addressed by health professionals can be one of the elements influencing the choice of the subjects with respect to whether or not the same is a leisure option. The methodology used for this study was bibliographical and field research, characterizing this as a qualitative study. Field research used semi-structured interviews. As a result, it was observed that the interviewees spoke of “health” as absence of disease, synonymous with physical activity and human totality. Regarding leisure subjects refer to only free time, obligations and fun. Subjects disregard completely the personal and social development aspects of leisure. Respondents are aware that the health field has opportunities for growth and change; however, none of them responded in detail what is expected of their work in the future.

Key words: Students Health Occupations, Social determinants of health, Leisure activities, Physical Education and training, Training support.

Autor de correspondência:
Cinthia Lopes da Silva

Endereço: Av. Júlio de Mesquita, 590, Ap 92.

Campinas – SP. Cep: 13025-907.

Email: cinthiasilva@uol.com.br

Auxílio: PIBIC/CNPq

1 Universidade Metodista de Piracicaba - Unimep

2 Hofstra University

3 Texas A&M University

4 Bowling Green State University

5 Kent State University

6 Kent State University

7 Ohio University

INTRODUCTION

The students in health fields at the Methodist University of Piracicaba (UNIMEP), Marietta College and Texas A&M University have some understanding of health theories and their subsequent relationship to professional actions. Therefore, the objective of this study, is to identify the level of understanding that students enrolled in undergraduate and graduate courses in the field of health have regarding leisure and health, and what their expectations are with respect to performance in health care as related to leisure.

According to Marcellino(1), “the double educational aspect of leisure - object and instrument of education –means understanding the leisure activities in addition to the relaxation and fun (basic), in its possibilities for personal and social development...” (p.21). In this sense, subjects can experience the body practices to review the values and meanings in the society in which they live. For this, it is essential that they have access to educational action for and through leisure.

We understand, therefore, that these ideas may be of assistance to the professional who will act in the field of health.

Carvalho(2) explains that:

Health is the result of possibilities, covering the conditions of life, in general, and, in particular, to have access to work, health services, housing, food, leisure subdued - by

law or by interest - throughout life. It is only available to those who are able to make choices in life. Health is directly related to the choices that are not restricted only to be able to choose this or that work, performing personally and professionally with him, living worthily, eat, relax and be able to provide conditions of life for the closer, but also to live in dignity with bases in values that do not dominate in a society such as the Brazilian - exclusive, individualistic, competitive, consumerism. Far away from the idea of health centered in the body, the physical, the biological for health as a process and as a result of choices in life, these options relating to work, housing, leisure, but especially on the values and principles of life that you want, which is believed to be the best (p.11-12).

As we can observe, the vision of Carvalho(2) goes far beyond health in its biological aspect; she highlights that health is also related to choices, values and principles. Additionally, Dutta(3) argues that structure, culture, and agency are also key components of health. Structure refers to the aspects of social organization that both constrains and enables the capacity of participants to seek out health choices and engage in health-related behaviors.

Culture provides the local contexts within which health meanings are constructed and negotiated. Agency is the ability that individuals have to enact their choices and to participate actively in their health.

These conceptualizations of health propose a revision of ideology, and may be crucial in training courses for professionals who work or who will act in the field of health, because these concepts and values will guide their professional performance.

In the context of public policies, Buss(4) says that the promotion of health during the past 20 to 25 years represents a promising strategy for tackling the many health problems that affect human populations, and their environments at the end of this century. Based on a broad concept of the health-disease process and its determinants, Buss(4) proposes the articulation of technical and popular knowledge, and the mobilization of institutional and community resources, public and private, to their resolution.

For Carvalho(5), the issue is that we believe physical activity, as it relates to health evidenced by aesthetic beauty, is the only way to happiness and success. Under this theory, the important thing is to appear beautiful and healthy. This is a process of aestheticization of everyday life, and is influenced by the culture of consumption.

Following the reasoning of Carvalho(5), the authors Origuela and Lopes da Silva(6) also commented on the concept of health:

(...) health is associated with the idea of the practice of physical activity. With the growth of the media, multiplications of images, information and messages, related to various forms of physical intervention

started to occur. Among these, some body practices are transmitted as the main means to obtain a beautiful and healthy body (p.3).

According to Sampaio(7), health is one of the ways people make sense of their bodies in their cultural construct. Talking about health is to give expression to the body. If one is listening to it, the body can be expressive, sensitive, vulnerable, and transcendent. The body's health can be marked by personal experiences, natural and collective, that can result from inclusion or exclusion relative to encounters in daily life.

Marcellino and Bonfim(8) indicate that we should not be talking about leisure and health without recognizing the conditions of the life of the society. Leisure was conceptualized as Dumazedier(9) as follows:

(...) it is a set of occupations to which the individual can indulge in free will to rest, to have fun, recreate and entertain or, even, to develop their information or training disinterested, their social participation voluntary or free creative ability, after getting rid of their professional obligations, family and social. (p.34)

Although this is one of the concepts most widely accepted by scholars of leisure, Faleiros(10) says that this proposed definition by Dumazedier(9), associates the leisure activities to the satisfaction of some human needs such as rest, fun, and entertainment, but this is a "functionalist" definition, which does not consider, for example, historical and environmental dynamics and which is restricted to "occupations" or activities.

Marcellino(11), however, believed that leisure provides something in addition to the “functionalism,” elevating the educational potential offered by leisure, both as an instrument of education (education through leisure), as well as the object of education (education for leisure). He says that not only should leisure ensure the access of people, but also people need to produce and disseminate a popular culture that breaks with conformist attitudes, providing conditions conducive to participation, critical and creative, with the objective of a new social order.

According to Lopes da Silva e Silva(12):

We realize that the leisure is “sold” all the time; the word is associated with the clubs, magazines, newspapers, television programs, shops and even houses in so-called “recreation areas” of a building or condominium. However, leisure activities, as new as they may seem, are already a part of the technical vocabulary and scientific for a long time, the novelty, then, would be the use of the term at the level of common sense.

Moreover, Marcellino(13) believes that in addition to rest and fun, there is another possibility of leisure, and, usually, it is not noticeable. This is the personal and social development that leisure provides. He also says that it is not possible to understand leisure alone; it influences, and is influenced by, other areas in a dynamic relationship. According to Marcellino, the acceptance of the importance of leisure in modern life means considering it a privileged time for the experience of values that

contribute to changes in morality and culture; such changes are necessary for the deployment of a new social order.

In this way, we understand leisure activities in the same way as Marcellino(13), which defines it:

as the culture - understood in its broadest sense - experienced (practiced or watched) in “available time”. The important thing, as hallmark, is the “disinterested” character of this experience. The subjects do not seek, at least fundamentally, another reward in addition to the satisfaction caused by the situation. (p.31)

We can, then, understand that the discussion of leisure could be fundamental for the professionals who work in the field of health, as the holding of body practices by different individuals and social groups in spas, clubs, academies, Basic Health Units, etc., if people give it the available time apart from social obligations. The health practitioner can provide access to the knowledge and the experience of body practices so that people can review concepts, values, structure, agency, etc, in order to have personal and social development.

METHODS

This study protocol was approved by the Ethics Committee on Human Research of the protocol under 20/13 and 21/13 of each home institution. Every research participants received the TCLE.

To answer the research questions, the researchers employed two approaches: field and bibliographic research. The first phase, the field research, had as its purpose the identification of the meanings attributed to the professional activity in the field of health for students of undergraduate and graduate level courses of UNIMEP, Marietta College, and Texas A&M University. This was a qualitative naturalistic study(14). Naturalistic inquiry was chosen because it allows the researcher to understand multiple, socially constructed realities. Several characteristics are inherent in naturalistic inquiry: natural setting, use of a human instrument, utilization of tacit knowledge, qualitative methods, purposive sampling, grounded theory, inductive data analysis, emergent design, and criteria for insuring trustworthiness 14. According to Minayo(15), this type of research works with:

(...) a universe of meanings, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables. (p.22)

Therefore, in-depth interviews with undergraduate and graduate students at the three locations were conducted. Research participants at UNIMEP were graduate students who are enrolled in graduate level courses offered by the Faculty of Health Sciences, such as: Exercise Physiology in Training and Physiotherapy Dermato-Functional. Participants at Texas A&M University were both undergraduate and graduate students in the Department of Health & Kinesiology, in majors such as:

Sports Physiology, Community Health, and Sports Conditioning. The participants from Marietta College were undergraduate students in the various departments in the fields of Health Communication, Sports Medicine, and Health Sciences. Both men and women were recruited for participation to identify possible differences between the two groups of participants, according to gender. The number of students to be interviewed in both groups was determined by saturation of data (repetition of data); thus, we interviewed 23 students. We performed field research using the technique of semi-structured interview. We initially extended the invitation to participants via e-mail, Facebook, and Twitter. After a few interviews were conducted, we chose to incorporate snowball sampling to allow for additional research participants to be located. The semi-structured interviews are procedures considered by Triviños(16) as one of the main ways to do qualitative research in Human Sciences. These interviews are based on basic questionnaires, which allow the informants to spontaneously provide their thoughts and experiences. The questions used to start the interviews were:

- 1) What body practices have you ever done in your life?
- 2) Did you ever have any type of professional experience in the field of health?
- 3) What is health?
- 4) What is leisure?
- 5) Which possible contributions can you identify by the leisure studies for the field of health?

- 6) What do the professional activities from the body practices mean to you?
- 7) What are your future expectations with respect to working in the field of health?
- 8) Would you like to talk about something else or complete some of the answers?

Depending on the answers, other questions were asked in order to achieve the objective of the research. It is important to emphasize that this research did not involve risks for the participants, and respected the understanding and rights of the interviewees. All three locations obtained Institutional Review Board approval from their institutions.

The second phase was the bibliographic research, based on the ideas of Severino(17). The Library Systems of UNIMEP, UNICAMP, Marietta College, Texas A&M University, Google Scholar, and specialized journals in the areas of physical education, health, health communication, health education, leisure and the humanities were consulted. The bibliographic research utilized certain keywords: leisure, health, body practices, professional practice in the field of health, and training in the field of health. For the purposes of this research, we consulted books, dissertations, theses and journals. With this, we had subsidies for the analysis of field research to be carried out with the students of undergraduate and graduate courses in the field of health.

The third phase consisted of the analysis of the data collected in the research field.

For this, we used as a basis the principles of anthropological study, what Geertz(18) describes as “description dense.” For the author, there are four characteristics within this type of description:

It is interpretative; what it interprets is the flow of social discourse and the interpretation consists in trying to save “what was said” in this discourse of the possibility of extinguishing itself and put it in forms that are researchable. There is still, in advance, a fourth characteristic of such description, at least as I practice: it is microscopic.

The purpose of this third stage of the research was to interpret the words of the research participants. Therefore, the procedure was intended to research the social behavior in relation to the meanings attributed to the professional activity in the field of health.

INTERVIEWS

The survey respondents numbered 23 in all, 10 participants from UNIMEP (nine women and one man, from 24 to 33 years of age), six from Texas A&M University (four women and two men, from 22 to 25 years of age), and seven from Marietta College (all women, from 20 to 22 years of age).

Below is a table describing the profile of each interviewee:

INTERVIEWEE	GENDER	AGE	FIELD	NATIONALITY	LEVEL
1	Female	27	Physical Education	Brazilian	Graduate
2	Female	26	Physical Education	Brazilian	Graduate
3	Female	27	Physical Education	Brazilian	Graduate
4	Female	26	Physiotherapy	Brazilian	Graduate
5	Female	28	Physical Education	Brazilian	Graduate
6	Female	29	Physiotherapy	Brazilian	Graduate
7	Female	24	Physiotherapy	Brazilian	Graduate
8	Female	28	Physical Education	Brazilian	Graduate
9	Male	33	Physical Education	Brazilian	Graduate
10	Female	30	Physiotherapy	Brazilian	Graduate
11	Male	23	Sports Physiology	American	Graduate
12	Female	22	Community Health	American	Undergraduate
13	Female	23	Health	American	Undergraduate
14	Female	23	Sports Conditioning	American	Undergraduate
15	Female	24	Health Education	American	Graduate
16	Male	25	Health Education	American	Graduate
17	Female	21	Sports Medicine	American	Undergraduate
18	Female	20	Sports Medicine	American	Undergraduate
19	Female	20	Athletic Training	American	Undergraduate
20	Female	21	Biology (pre-medicine)	American	Undergraduate
21	Female	21	Health Communication	American	Undergraduate
22	Female	21	Health Communication	American	Undergraduate

RESULTS AND DISCUSSION

After the reading of the interviews, we can analyze the first question “What body practices have you ever done in your life?” The answers obtained were very similar, such as various types of gymnastics, Pilates, gym, dance, sports and fighting beyond the practices experienced in classes in the college.

I already practiced sports, gymnastics, dance, participated in games and practices included in the grid of the

faculty (Interviewee 1).

Gymnastics, dance, handball, volleyball and the lessons of the faculty (Interviewee 2).

Swimming, artistic gymnastics, capoeira, biking, bodybuilding (Interviewee 3).

I have done everything already, swimming, ballet, rhythmic, dance, artistic gymnastics, basketball, handball, judo, football, bodybuilding (Interviewee 8).

Mountain biking, running, swimming, climbing, abseiling, canoeing, skate long board downhill, street running, karate, capoeira (Interviewee 9).

I participate voluntarily doing yoga, running, Zumba, Piloxing, and pilates. (Interviewee 12).

I do intense resistance training and weight lifting four to five times per week. Depending on the season, I will either run long distance once a week, or head to the pool to swim a few laps.

Occasionally, I will try some yoga (Interviewee 16).

We noticed by the responses of the interviewees that they understand the sense of body practices, citing clearly several different examples.

Question two, "Have you ever had any type of professional experience in the field of health?" was grounded in the ideas of Silva and Damiani(19) that understanding body practices must allow experiences to be the most dense and significant possible. Note that the answers respondents gave were dependent on their individual history and reality.

Already, technical nursing and I am personal trainer and teacher of gymnastics (Interviewee 1).

Work in training projects for obese women (Interviewee 2).

I have worked with bodybuilding, physical evaluation, swimming and gym (Interviewee 3).

I'm Pilates teacher (Interviewee 4).

Working with workplace gymnastics (Interviewee 5).

Already, in college, and now I work with the physiotherapy skin-functional, I have a care room (Interviewee 6).

I am physiotherapist, teacher of Pilates (Interviewee 7).

Physical education, bodybuilding professor, waterym, gymnastics, swimming, functional training, soccer, volleyball and physical evaluation (Interviewee 9).

Nursing and lab assistant (Interviewee 10).

I am currently interning at St. Joseph's Regional Health Center in the telemetry department (Interviewee 12).

For the past three summers, I've worked at a family practice physician's office, and what I did there was I was able to shadow the physician (Interviewee 23).

In these responses, we can observe that when we speak of respondents' professional experiences in the field of health, they cite sports (football, volleyball, swimming), preventive work in the gym, with subjects such as functional training and Pilates and traditional medical settings. These responses corroborate with Carvalho(5) and Origuela and Lopes da Silva(6), when they say that currently, the concept of health is related only to the practice of physical activity.

We noticed that in the third question, "What is health?", the responses were very different from the others, but the one thing in common, much-quoted, was "well-being." Others, such as psychological, mental, spiritual and

Well-being spiritually, socially, have leisure and money (Interviewee 1).

Well-being with yourself, psychologically and physically (Interviewee 2).

It is the well-being, quality of life, always be active, practicing daily activities, be well with diseases (without cholesterol, triglycerides and overweight) always do physical activity and be well at work and with the food (Interviewee 3).

Be healthy, absence of disease, be well mentally, psychologically and physically (Interviewee 5).

I think health is the absence of disease, it is well with yourself of all forms, both mentally as well as physically (Interviewee 8).

Talking about health theme involves quality of life, eating habits, physical activity, daily activities without effort (Interviewee 9).

To me, to say that an individual is 'healthy' means that they can go about all daily activities unassisted and can fully participate in any and all extracurricular activities they desire (Interviewee 11).

Mental, physical and social well being (Interviewee 7).

Health, in my perspective, is an umbrella term that encompasses so many different aspects such as physical, emotional, spiritual, and so on (Interviewee 12).

These answers also illustrate that for many of the interviewees, physical activity is considered the same as health. Another important response

is in relation to the absence of disease, which is also considered by these subjects as health, approaching the concept purely biologically. We also have identified answers, which consider health related to physical, emotional, spiritual and social factors that were observed on interviewees 7 and 12.

Some of the answers above may be similar, but all with different add-ons. This may demonstrate that the concept of health is related to the values and experiences of each of the interviewees. In this context, Silva and Damiani(19) (p.18-19) commented that many of body practices have followed the models and stereotypes of beauty. Such models have been presented and greatly explored by the media, as a cult of the body that generates “needs” for the leisure time, in which the “exercise” is viewed as a duty, an obligation, a process that declassifies its condition of gratuity.

In question four, “What is leisure?” we also have different answers, including private opinions. But one thing that we have seen in various responses is the relation of leisure with free time and the absence of obligations during that time.

Do something in free time, something to give me pleasure (Interviewee 2).

An activity that we do without obligation, but for fun (Interviewee 4).

Enjoy the moment without an obligation (Interviewee 5).

For me leisure is a way to have fun, be good to your friends, your family (Interviewee 7).

It is a little free time that we can rest of daily obligations, do what you like without having to worry about (Interviewee 8).

Physical activities, hiking or attend an academy in your free time (Interviewee 10).

Free time (Interviewee 18).

We note here that there is at least an idea of “what leisure is” on the part of post-undergraduate students; however, this idea seems to be somewhat simplistic, and related only to the free time of the obligations (one of the characteristics of the leisure activities listed by Marcellino(13), and also with the fun, leaving aside the personal and social development. Only with these statements by the interviewees can we understand that they do not take into account the critical and creative issues when it comes to leisure activities, thus demonstrating a conformist position.

However, one of the interviewed subjects did seem to have a better understanding of the concept of leisure. In addition to exemplifying some of the activities, he said that what leisure is for some may not be for others, thus demonstrating that he knows that leisure is not in everything.

The leisure theme, everything that is outside of a commitment we can say leisure the simple fact of playing a video game, reading a newspaper, sitting at the end of the afternoon watching the sunset, to play, to game, etc. What is leisure for some may not be for other people

(Interviewee 9).

In general, our interviewees did not demonstrate much understanding of the various manifestations of leisure, having only a vision according to their own experiences. Perhaps these subjects have not had many opportunities to experience leisure at critical and creative levels, as mentioned by Lopes da Silva e Silva(12):

you cannot generalize and state that, because a subject, or group, belongs to a class more privileged, their leisure will always have quality and be performed at critical and creative levels. This issue depends on both opportunities and possibilities for leisure and health professional that guide these subjects. (p.26)

On question number five, “Which possible contributions can you identify by the leisure studies for the field of health?”, note the interviewees’ answers about these contributions:

Do all things with love and is to have the pleasure of doing things, such as, for example, go to the gym (Interviewee 1).

Activities in hour of leisure help in impact on health (Interviewee 4).

If the person has a life with leisure, that she has time, she divide the time it that she practiced your leisure, I think that your health it will be much better (Interviewee 6).

I think that a person who practices physical activity is doing a good for health and some persons have fun doing it so I think that from the physical activity you can include it

as a leisure and do well for your body, then being a health practice (Interviewee 7).

I think that if a person carries out any leisure activity, it will be doing something good for health. Doing good for mind, for body and for social also (Interviewee 8).

Exercise is a cure-all. I think more people are starting to see that (Interviewee 16).

In the interviewees' responses to questions 1, 7 and 8, we can argue that they understand that leisure contributes to health, but the concept of leisure that they cite relates only to the activities of physical-sporting content. Respondents 4 and 6 do not specify what the contributions would be from leisure for health; they only say that people would be in better health if they included the leisure activities in their life.

One of the interviewees, number 2, told us that leisure could contribute to health by performing games. This may demonstrate that the concept of leisure this interviewee has is only by the point of view of practical and manual activities, such as recreation:

Make games that can contribute to the health of both adults and children (Interviewee 2).

The respondents see the possibility of a relationship between leisure and health for professional performance, both as a contribution and as a responsibility.

In question 6, "What does the professional performance from the body practices mean to you?", the majority of answers were related to body practices as professionals' responsibilities.

The interviewees understand the professional as the promoter of health and well-being. They consider the professional as an incentive for students.

It means everything, 100% of this actuation (Interviewee 1).

In addition to promoting health, well-being and quality of life, bring joy, make a difference. To make the student feel well, it reaches yours results and thus leaving with desire to come back, make him feel lack of his classroom (Interviewee 3).

In my case, being physiotherapist, people carry out activities, then we start to notice an improvement in this person, then my professional role for body I think this, the evolution of the patient (Interviewee 7).

I think that the professional is everything for this action ... so I think that it is all in this direction (Interviewee 8).

A shift that I believe is beginning to happen and one that I'd very much push for is the prescribing of exercise rather than medication. The benefit of exercise on individuals is a seemingly never-ending study, especially individuals in a diseased state, with more and more positive attributes to one's health with each new study. I believe our bodies are incredibly good at maintaining balance and that disease is simply an imbalance in the system, often fixable with a change in diet and an exercise regimen (Interviewee 11).

We can say then that the professional acts for health, but not just for it, but for everything that involves the body practices.

Lopes da Silva and Silva(12) (p. 29) relate their knowledge, that they consider basic: “The professional of physical education will be able to relate the leisure with the other areas, such as the school, the academies, animation in hotels and festivals, among others.”

The seventh question, “What are your future expectations with respect to the action in the field of health?”, highlighted respondents’ main expectations for improvement in the field of health and due recognition of the professionals in the area of health.

I think that this area is growing and is an area that a lot of people are looking for today (Interviewee 2).

Improve the prevention or health promotion, thus minimizing the problems (Interviewee 4).

That is more recognized and more valued (Interviewee 5).

The expectations are good because every day people are worrying about more with the quality of life and life expectancy has increased in the Brazilian population (Interviewee 9).

I feel that health programs will begin to be implemented at a much earlier age and that pharmaceuticals will become more uncommon as people turn to physical activity and more natural substances before turning

to prescription medications due to that being the lifestyle that a growing number of kids are now being raised in (Interviewee 14).

These answers may demonstrate that these professionals are aware that the field of health has opportunities for growth and change; however, none of them has responded in detail what they expect their work to be in this field in the future.

At the end of the interviews, when asked question number 8, “Would you like to talk about something else or complete some of the answers?”, the interviewees did not want to comment on anything else.

CONCLUSION

After bibliographical and field research, we can conclude that undergraduate and graduate students in the field of health have, in general, a concept about health related to biological areas and its professional activities, taking into account their experiences, but as a society, we need to discover what we can do to invest in individuals and get them emotionally invested in their health. According to Arlie Russell Hochschild(20), “...emotion locates the position of the viewer” (p. 30). Meaning that emotion enables us, to metaphorically “see.”

Perception and persuasion are everything when it comes to managing emotions, and motivating others to act. Understanding leisure is a crucial component to maintaining a healthy life, and human interaction.

On the concept of leisure, the interviewees

only commented on points linked to free time, and only one spoke of the content of leisure (physical-sporting) and the games; thus, the interviewees demonstrated little affinity with this field. According to Holba(21), “A life that engages leisure exemplifies mindful attention to actions grounded in a communicative humility that invites learning, intellectual development, and physical embodiment of the philosophical act (p.184). Meaning that it is necessary to understand leisure as a whole in order to successfully devote one’s time of leisure to health. In the course of the questions, the interviewees seemed to recognize that there is a need for improvement in relation to understanding leisure and activities in the field of health, but did not express dissatisfaction, and did not specify in which direction improvements should occur.

In the end, we identified that the students of in both Brazil and the United States enrolled in undergraduate and graduate level courses in the field of health, although understanding what the body practices are, act professionally with a biological focus on health and prioritize physical activity as the primary means to health. Through engaging others through human conversation, and educating them about leisure and how to utilize leisurely time as “healthy time,” health professionals have an opportunity to make vast improvements with in health not only in the United States and Brazil, but also across the globe.

REFERENCES

1. MARCELLINO NC. Lazer e cultura: algumas aproximações. In: MARCELLINO NC. (org.). Lazer e cultura. Campinas: Editora Alínea, 2007.
2. CARVALHO YM. O “mito” da atividade física e saúde. 3ed. São Paulo: Hucitec, 2001.
3. DUTTA M. Communicating health: A culture-centered approach. Cambridge, United Kingdom: Polity Press, 2008.
4. BUSS PM. Promoção da saúde e qualidade de vida. Ciências e Saúde Coletiva 2000, 5(1), 163-177.
5. CARVALHO YM. Atividade física e saúde: Onde está e quem é o ‘sujeito’ da relação?. Revista Brasileira de Ciências do Esporte 2001, 22(2), 9-21.
6. ORIGUELA MA, LOPES DA SILVA C. O discurso da atividade física e saúde pela mídia: reflexão sobre a contemporaneidade. Revista CPAQV 2013, 5(3),1-9.
7. SAMPAIO TMV. Tecendo cultura com mediações que unem corpo, saúde e lazer. Revista Movimento, Porto Alegre 2006, 12(3), 73-96.
8. MARCELLINO NC, BONFIM AM. Lazer e saúde, nos currículos dos cursos de graduação em Educação Física. R. bras. Ci e Mov. 2006; 14(4): 87-94.
9. DUMAZEDIER J. Lazer e cultura popular. Editora: Perspectiva, 333p., 1979.
10. FALEIROS MIL. Repensando o lazer. Perspectivas, São Paulo 1980.
11. MARCELLINO NC. Lazer e Educação. Campinas/SP: Papyrus, 1987.
12. LOPES DA SILVA C, SILVA TP. Lazer e Educação Física. Campinas, SP: Papyrus, 95p., 2012.
13. MARCELLINO NC. Estudos do lazer: uma introdução. Editora: Autores Associados, 1996.
14. LINCOLN YS, GUBA EG. Naturalistic inquiry. Beverly Hills, California: Sage Publications, 1985.
15. MINAYO MCS. (org.). Pesquisa social: teoria, método e criatividade. Petrópolis, RJ: Vozes, p. 9-29, 1994.
16. TRIVIÑOS ANS. Introdução a pesquisa qualitativa em Ciências Sociais: a pesquisa qualitativa em educação. São Paulo: Atlas, 1987.
17. SEVERINO AJ. Metodologia do trabalho científico. 23.ed. São Paulo: Cortez, 2007.
18. GEERTZ C. A interpretação das culturas. Rio de Janeiro: Livros Técnicos e Científicos (LTC), 1989.

19. SILVA AM, DAMIANI IR. As práticas corporais na contemporaneidade: pressupostos de um campo de pesquisa e intervenção social. *Práticas Corporais*. Florianópolis: Nauembla Ciência e Arte 2005, 1, 17-27.
20. HOCHSCHILD AR. *The managed heart: Commercialization of human feelings*. Berkley: University of California Press, 1983.
21. HOLBA AM. In defense of leisure. *Communication Quarterly* 2014, 62(2), 179-192.