

EXPERIENCES OF NURSING IN HEALTH PROMOTION IN VULNERABLE COMMUNITIES

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Abstract

Objective: To analyze ideas, meanings and senses constructed from the concepts of participation in health, by the main social actors involved in the implementation of the participation policy in the control of the quality of health services in Colombia, because for the general population Health promotion activities have always been considered an obligation of the State and not of individuals.

Methods: Descriptive study, qualitative information collection technique, uses a structured survey based on the NANDA domain assessment, has 15 coded and categorized open questions to be submitted to statistical analysis. **Results:** A high percentage of the population recognizes the importance of organizing to achieve better conditions and opportunities in health services.

Conclusions:

The cultural construction of the population in terms of the obligation of the state in terms of guaranteeing health without the existence of awareness of their participation in it. The population recognizes the need for community organization with the purpose of developing actions tending to impact the social determinants. The health programs established by the State must be developed with the participation of the populations, thus facilitating their commitment to their own care. It is essential that nursing training institutions contemplate strategies for future professionals to address issues related to Health Promotion with community participation. In the same way and in coherence with the current health model that proclaims Primary Health Care as a way of contributing to the health of the population, the empowerment of the community and the training of leaders capable of transforming their environment are required. The work of the nursing professional is recognized, who with his work in the communities recognizes situations early, intervenes and facilitates processes.

Key words: Health promotion vulnerable communities, Diagnosis NANDA Nursing in vulnerable communities.

INTRODUCTION:

According to the characteristics of vulnerability of the population, there is an imperative need to develop actions related to Primary Health Care and Promotion, empowering them in the construction of knowledge through tools planned and directed by nursing professionals.

Knowing and understanding the relationship between the lifestyle of society and the health process, through the nursing assessment carried out in holistically vulnerable communities, allows us to delve into their own characteristics, lifestyle and evidences the intervention needs of these professionals related to protective factors such as healthy lifestyle habits (diet, physical activity, etc.) and risk factors: cultural, social, demographic and political conditions. The Nursing Process as an orderly and systematic method in the planning and execution of care¹, allows proposing in an individualized, humanized and quality way, the planning of interventions² and knowledge satisfying the needs that may arise, taking into account the structure and generality of the communities studied. The

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assessment, the first phase in this process, has been taken since Marjory Gordon's approach in the 70s, verifying the necessary requirements for the effective application of the Process,³ constituting a useful instrument for the health of individuals, families and communities⁴. These are configurations of behaviors, more or less common to all, that contribute to their health, quality of life and the achievement of their human potential; this system serves as the basis for valuation through NANDA taxonomy.

HEALTH PROMOTION

The meaning of Health Promotion emerged in 1945, when Sigerist proposed the term stating that: "health is promoted through a decent standard of living, good working conditions, education, physical culture, rest and recreation",⁵ adds other social determinants of health, which in the Jakarta Declaration in 1997, are explained as determinants; however this position was only developed in recent years; international conferences established bases The Alma Ata Declaration (1978), the Ottawa Charter (1986), Adelaide (1988) and Sundsvall (1991), until the most recent one in December 2021, the concept of Health Promotion is still confused with the traditional model of disease prevention, despite the efforts made. It is also considered a strategy aimed at developing individual or group processes and activities in order to modify risk behaviors and adopt healthy lifestyles.^{6 7 8}

The Ottawa Charter in particular defines it as a process in which people exercise control over their health status⁹, strengthening their ability to take action, and the ability of groups or communities to act collectively. Effective health promotion entails changes in proximal social determinants and encompasses those that can be influenced by the individual, such as personal health-oriented behaviors and the use of health services and others that are out of control and that include social, economic and environmental conditions. as well as the provision of health services. For this reason, local and regional governments and private institutions promote the adoption of the Healthy Families, Communities and Municipalities strategy by making use of the methodology and a set of tools.¹⁰ It should be noted that for the fulfillment of health management activities, promotion in Colombia, the Ten-Year Public Health Plan 2012-2021 is instituted, where strategic objectives are described: which to be achieved require coordination from different visions, governmental, political, social, educational and of course the health sector.

NURSING AND HEALTH PROMOTION

Based on international guidelines and the focus on Primary Health Care, for health management in which individuals and families are directly involved, it is important to analyze the role of nursing, supported by the results of research studies on care, where nursing interventions can be derived¹¹. The conclusions of the transdisciplinary study published by Vivian Vilchez Barboza, on the meaning of Health Promotion for nursing professionals, to then know the meaning of Health Promotion of other professionals (psychology, medicine, social work, nutrition, among others) who interact with nursing in this area,¹² recognizes that nursing professionals must be constituted and ensure equitable and technical leadership that organizes a work team in health promotion, according to the differences of the community.

Similarly, Law 266 of 1996 on the professionalization of nursing, establishes the family as the subject of care¹³. Nursing care defines specific principles of professional practice, among which are integrality aims to address the physical and spiritual dimensions, the principles of individuality, dialogicity, quality and continuity ensure comprehensive care for the person, family, community and their environment, taking into account sociocultural and historical characteristics.

In this context, the nursing program of the University Foundation of the Andean Area, in the subject of Health and Family Promotion, allows students and teachers to integrate current legislation on health, healthy public policies and health promotion strategies, articulating the guidelines described in the General System of Social Security in Health with the participation of the intervened community through the elaboration of the community diagnosis so that they recognize instruments to have the ability to take care of themselves, as demonstrated by the study by Maricela Torres, which concludes



the importance of the functions and managerial capacity of these professionals to participate in health care reforms, and in the planning of health policies.^{14 15}

HEALTH PROMOTION IN VULNERABLE COMMUNITIES

The elements that make up inequality in communities have historical, political, economic, cultural, social, psychological and biological origins, when referring to vulnerability, institutional aspects are taken into account, such as weaknesses in the execution of public policies of the State and limited access to health services; in the cultural sphere, the situation of discrimination against some ethnic populations, and in the educational sphere, the low levels of schooling and the difficulties in the learning processes.¹⁶

In a publication by former WHO Director-General Margaret Chan, she described the country profiles in terms of chronic diseases, shows that progress has been insufficient, uneven and shows that greater management is needed for the promotion of health by social, political and community leaders in general.¹⁷

In this order, there are several reports from countries that indicate that health promotion occupies an important place in government plans, some have outlined programs, proposed national policies to support health promotion and protection of life at all levels, and have managed resources and energies to achieve the objective.¹⁸

NURSING EXPERIENCES

This study of community intervention is a tool for the social production of health based on the interaction of actors, who construct meanings of health perception and self-care, and although it has been studied on the proactive participation in health projects and programs of populations in vulnerable situations, very little has been recorded and viewed the management of the nursing professional through practices. with students, in the implementation of promotion strategies in the different programs of the State. Over time, the Nursing program of the University Foundation of the Andean Area, Pereira, the microcurricula of the subjects of the specific discipline, have evidenced specific intervention activities and has worked with various forms of participation and management.

MATERIALS AND METHODS

Type of study: Descriptive, with qualitative information collection technique, using a structured survey tool based on the assessment of NANDA domains, it has 15 open questions coded and categorized to be submitted to statistical analysis.

Study area: The study was carried out in the Municipality of Pereira, in the commune of Café, located northeast of the city of Pereira, currently made up of 20 neighborhoods belonging to strata one and two, has an approximate population of 25,000 inhabitants.

Sample:

Non-random sampling in which the population headed by household and leaders of each of the four sectors participated. The final composition was 450 families in the 30 blocks visited; interviews were conducted with 15 families in these blocks and 4 focus groups were formed, including two community leaders per sector recognized by the community action boards.

Information collection technique:

This fieldwork was carried out between the first and second semester of 2019 through home visits and taking into account the number of inhabitants and community leaders, 4 focus groups were formed composed of 8 community leaders from each sector, who were interviewed with the purpose of identifying knowledge related to health services, offer and relevance of the programs, spaces for recreation and safety of the neighborhood. Conversations were developed categorized by domains, described under the parameters of the NANDA emphasizing the community aspect, the duration of the interviews and focus groups was between 60 and 90 minutes.

Concepts and opinions about participation in health were collected; the interview guides were developed and consolidated by second-semester students of the nursing program of the University



Foundation of the Andean Area, Pereira section, under the mentorship of nursing professionals during the time allocated to their training practice in Health Promotion and Family. At the end of the knowledge exploration, doubts were clarified and concepts of health promotion and disease prevention were reinforced.

The interviews were recorded with the prior authorization of the participants and transcribed verbatim, in the Community Assessment Instrument version 22 02 - 2019, the data collection was carried out by applying the Domain Assessment Guide registration format through the NANDA taxonomy II. The use of the results of Domain 1 was determined. HEALTH PROMOTION, as it is the characteristic that describes and allows health services to be reoriented towards a model based on the community and health promotion, especially for the benefit of vulnerable population groups (children, the elderly, and victims of violence and disasters).

Manually, analyses were carried out by person head of household and each family, categories were identified based on participation or position in the responses of each characteristic of the domain.

BIOETHICAL CONSIDERATIONS

Authorization was obtained from the Director of the nursing program at the University Foundation of the Andean Area (Pereira) based on the internship regulations and the PEI for the participation of students and teachers of the subject. In each home visited, the teacher individually and verbally informs the family leader, for the authorization of the interview, the principle of autonomy of families and the community, respect for differences, and anonymous handling of information were taken into account. Bioethical risk is considered none.

RESULTS

1. **The Context:** The families visited reside in the commune of Café de Pereira, urban area of the municipality of Pereira, classified in stratum 1 and 2, finding family typologies: modified extensive and reconstituted nuclear. The age of the heads of the household is between 19 and 30 years old and the average is 5.5 members per family group.

2. Main categories

For the categories, the concept of Social Position in Health was taken into account, as the expression defined according to what was shown by users and leaders. During the interviews, particular perspectives and perceptions of these people on the subject of health emerged: disease, self-care, support and collaboration, among others, it was also observed in some responses difficulty in specifying concepts such as: social participation in health, health as a right, affiliation and use of health services, community health activities and in general the organization as self-care managers, among others, however, they evoke activities carried out in daily life related to health services.

Among the situations specifically addressed for this study, the community's positions were obtained regarding health as a right, affiliation to the System and its use, the knowledge and opinion of the users referred to as the awareness of the study population towards the concept of normality in health, community organization, participation in health promotion activities and expectation of the being in the face of values and beliefs.

POSITION VIS-À-VIS THE LAW: This condition reported in Domain 5 Perception/Cognition in class 4: Cognition, where the person or community makes use of memory, thought and language, among others,¹⁹ the importance given to it by community leaders and heads of household, on their participation in health promotion campaigns and activities planned by the health center, was valued. the different means of affiliation, the health plans, the characteristics and the duties and rights that as users are described in the Health System.

"Health is an obligation of politicians" 35%

"The health center has the obligation to provide the planning methods" 57%

"The mayor steals the money for health, for the roads" "We poor people don't have the right to get sick" 73%



The percentages found in this position show that people do not lose sight of the commitment and obligation of the State, the health of the community, and not as a citizen duty to carry out self-care activities and promote lifestyles.

POSITION REGARDING AFFILIATION TO THE SYSTEM AND USE OF HEALTH SERVICES. This characteristic is recorded in Domain 7 Role/Relationships, class 3: Role performance, which describes the quality of the individual's functioning according to socially expected patterns,²⁰ in which it was observed that most young users and some over 50 years of age describe a positive perception of affiliation and use of health services. A high percentage was found in utilization, but not in affiliation.

"In the personal case, the only time one takes a position on affiliation and use, is when one registers with Sisbén or EPS 11%; "when one gets sick", 81%; "using health services is going to the doctor from time to time", 18%.

The affiliation and use of the General System of Social Security in Health is an indicator of the State's management of Public Health policies, most of the people studied are not visible from the particular point of view, so that spaces for democratic participation must be strengthened, for recognition.

POSITION VERSUS KNOWLEDGE. The fact of becoming aware of the well-being or normality of the strategies used to maintain it, mentioned in Domain 1 Health Promotion,²¹ is the concept that individuals in the community have regarding participation in health, in which for many of them it is related to the idea of contributing ideas and opinions. through satisfaction surveys carried out by health institutions.

"give opinions to the health center so that they try to improve the service" 23% "is when one makes a complaint about poor care" 74% "it is the walk of death" 87%; "Being able to express what we feel, when we feel sick", 9%.

Opinions on awareness, in the face of Health Promotion, should be seen as a basis, seeking the "empowerment" of people, sensitizing them to the constant search for quality of life and self-knowledge, allowing an improvement in the health of the community.

POSITION ON COMMUNITY ORGANIZATION. This point of view distinguishes the conditions that imply the identification and integration of the population in activities to maintain health and well-being, Domain 1 Health promotion. For the purposes of the study, several individuals alluded to the importance of having organizations and collective work in the neighborhoods.

"Organizing ourselves is that we have to know how to help each other and collaborate to ask, the way we are going to ask for our rights is important" 89%

"First of all, if we ask badly or if we don't all ask in a group, they steal all our resources, at this moment they have forgotten health. 45 %

In this regard, the need to give a new focus to health education and social communication is expressed, emphasizing actions that collect experiences acquired in the community, it is observed that the population in a high percentage recognizes the importance of good organization to achieve better conditions and opportunities in health services.

POSITION ON ACTIVITIES WITH THE COMMUNITY. Most of the interviewees described as a perspective in the face of the promotional activities that the health centers carry out with the community, the meetings and encounters with health personnel, among others. For this position, strategies must be applied through the administrators of the health system to maintain the control and operation indicated in the public health programs, referring to the empowerment of the community in terms of self-care in Domain 1: Health Promotion. *"doctors and nurses must carry out social activities to integrate and motivate users" 96%. "politicians should go on integration walks*

with the community", 12%; "It is to have meetings, more often so that you can get to know the services" 88%.

The inhabitants of the community wish to promote health, but do not have a clear representation and concept of the meaning of activities with the community, multisectoral work must be carried out with the participation of the community, to make visible the work of the actors of the Health System, in which they are included.

POSITION ON HEALTH. In this characteristic, individuals have several visions regarding the health aspect, in which the pattern of values and beliefs that influence decision-making is described. Domain 11: Safety/Protection, describes the relationship with actions that help avoid danger, physical injuries and the preservation of safety and accompaniment in the event of losses, any event in this domain, takes into account 6 classes: Infection, physical injury, violence, environmental hazards, defensive processes and thermoregulation.²² In this sense, and with respect to the consolidated answers of the interview guides, the characteristics were:

"What do you do if an accident occurs at home" The interviewees say: "if I think it is minor, we go to the pharmacy, 58%; if it is serious we go to the hospital", 32%; "calling a neighbor, 63%"; "when it is not serious, it is handled at home, 76%."

It is convenient to distinguish at this point, safety, one of the components of this position, observing that for the community in general, it is very important, becoming a factor of health protection, there are environmental and healthy measures among others, indicated as individual, social and family beings. Among other opinions, the following were found:

"They feel safe in their home and in the neighborhood": "it is a very healthy neighborhood", 65%; "Healthy site, 47%; "the environment is pleasant", 32%; "quiet", 13%; "It's a good neighborhood." 74%.

It is striking that, for several groups of families and community leaders, the neighborhood is safe, in terms of environmental, surveillance and health measures, but in terms of the quality of housing, as an element of security, the community described some risk factors:

"for the structure of the house" 14%; "wet land" 2%; Only 18% state that "comfortable, safe" housing, "well built" 60%.



3. Health Promotion and Disease Prevention in the Nursing Care Process.

Nursing professionals have the responsibility to promote a change in health paradigms, since the concept of health promotion is notorious within practices, both for students and for individuals in the target community.

To this end, in the collection of information, the textual responses of the community in each of the domains of Taxonomy II of NANDA were valued, to complement, the interview with the leader of the family and his group was taken into account, the information was consolidated taking into account the stages of the nursing care process, In the first place, the assessment of the needs of the population visited and interviewed focuses on data collection, assessment, organization and recording of data, in the second the diagnosis of the needs of the population is carried out in which students and teachers can help autonomously or independently, for the third care planning is conceived, where objectives and priorities of the intervention are set to be carried out at the end of the practice, in the fifth the activities are executed, according to the needs and in the last stage discussion and evaluation of the interventions implemented and feedback for future processes are carried out.

It is interesting according to the assessments that Domain 1: Health Promotion, is the one in which it was possible to point out a diversity of behaviors that make people consider themselves healthy, which supports healthy lifestyles, self-care, health promotion and disease prevention, but it is deduced that individuals lack information on several aspects related to health, what it represents in the Nursing Care Process, the Diagnosis: Deficient Knowledge²³, for this particular diagnosis, the study discovered, in the question, is your family considered healthy and why?, the individuals of the groups expressed that 364 people are supposed to be healthy corresponding to 81%, because they do not get sick and 19% refer that the reason is for self-care.

For the question "What do you do when you get sick?", 84% of people go to the doctor, 8% use home remedies, 5% say they do nothing and 3% self-medicate.

In the Diagnosis: Ineffective management of one's own health, people find it difficult to assume some behavior that favors their health, for this study it was taken into account when inquiring about the habit of smoking, 342 people, that is, 76% of the interviewees, report that they do not smoke and 24% externalize doing so sporadically. only one person smokes regularly (5 a day).

When inquiring about liquor consumption, 189 individuals (42%) answered affirmatively, for 120 people it is important on special dates, 60 interviewees do not consume liquor and 9, that is, 5% who have been drinking for more than 30 years every eight days (10 beers and/or 1 bottle of brandy). It is worth remembering that the risky and/or harmful consumption of alcohol is related to a wide range of health problems, both physical and mental (more than 60 diseases) and social due to the impact on third parties. Its consequences will depend on the volume and pattern of consumption, with the variables that will modulate the effects through biochemical mechanisms, intoxication and dependence.

In the responses, perhaps the most relevant, for the authors and participating students, is that of self-care, since in this approach aspects related to attendance at health programs can be described, 47% state that they attend the programs offered at the health center, 13% go to the Arterial Hypertension program, 8% to the comprehensive care consultation for children and vaccination indicated a percentage of 80 (Diagnosis Willingness to improve immunization status ²⁴ and 53% stated that they did not attend the programs.

Dentistry is not reported as belonging to the programs constituted in state policies, however, in terms of control, there are similar behaviors in all members of the families, where expressions of concern for the state of oral health were found in 82% and attending the controls annually.

Although sometimes conscious, sometimes not, some of the individuals expressed concepts that led the researchers to formalize other diagnoses, which, although the frequency ranges between one or two people, can be represented, among others:

Deficit of recreational activities²⁵ : decreased interest or participation in recreational activities. Culturally, these communities do not carry out recreational activities, in addition to the fact that the family's resources are used to cover food needs.

Sedentary lifestyles ²⁶ explain that they do little physical activity.

As can be seen, we have then that any action that supports people to adopt and maintain healthy lifestyles, and that creates living conditions (environments) that support health, are key elements of



effective health promotion and although there are important differences in perspective and emphasis with respect to what represents its effectiveness, The intervention methodology is different, according to the community diagnoses detected in a given population.²⁷

CONCLUSIONS:

The cultural construction of the population in terms of the obligation of the state to guarantee health without there being awareness of its participation in it. The population recognizes the need for community organization in order to develop actions aimed at impacting social determinants.

The health programs established by the State must be developed with the participation of the populations, in this way they will facilitate the commitment to their own care. It is essential that nursing training institutions contemplate strategies for future professionals to address issues related to Health Promotion with community participation. In the same way and in coherence with the current health model that proclaims Primary Health Care as a way to contribute to the health of the population, the empowerment of the community and the training of leaders capable of transforming their environment are required. The work of the nursing professional is recognized, who with their work in the communities recognizes situations early, intervenes in them and facilitates processes.

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