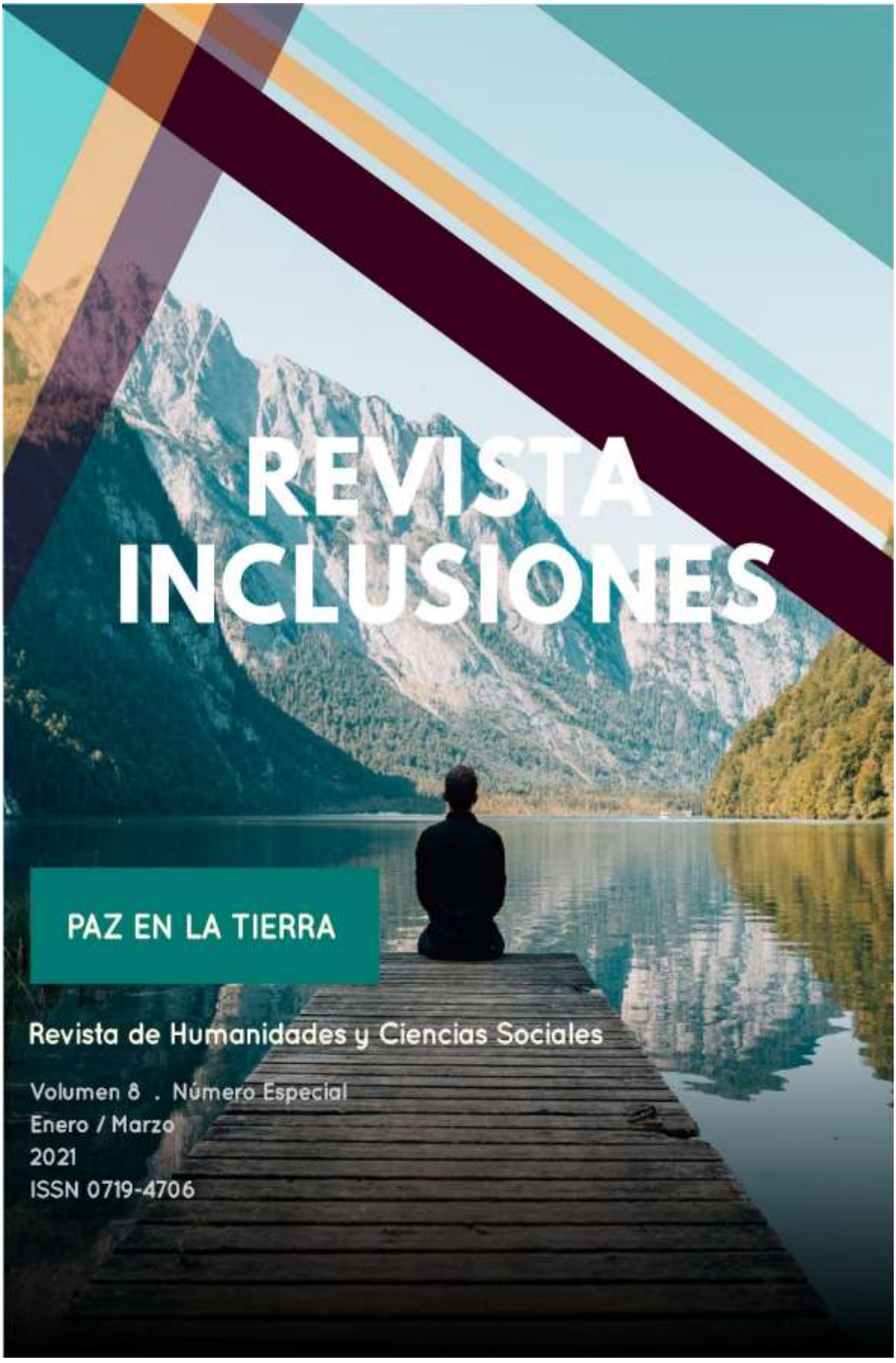

Revista de Humanidades y Ciencias Sociales

Volumen 8 . Número Especial
Enero / Marzo
2021
ISSN 0719-4706

REVISTA
INCLUSIONES M.R.
REVISTA DE HUMANIDADES
Y CIENCIAS SOCIALES

CUADERNOS DE SOFÍA
EDITORIAL

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REVISTA INCLUSIONES M.R.
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CUADERNOS DE SOFÍA EDITORIAL

ISSN 0719-4706 - Volumen 8 / Número Especial / Enero – Marzo 2021 pp. 534-547

THE VIRTUE BIOETHICS AND ITS INTERFACE WITH THE UNITED NATIONS 2030 AGENDA: POSSIBLE REFLECTIONS AND ITS REPERCUSSIONS ON HEALTH PROMOTION IN HIGHER EDUCATION

LA BIOÉTICA DE LAS VIRTUDES Y SU INTERFAZ CON LA AGENDA 2030 DE LAS NACIONES UNIDAS: POSIBLES REFLEXIONES Y SUS REPERCUSIONES SOBRE LA PROMOCIÓN DE LA SALUD EN LA EDUCACIÓN SUPERIOR

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Fecha de Recepción: 16 de mayo de 2020 – **Fecha Revisión**: 26 de mayo de 2020

Fecha de Aceptación: 02 de diciembre de 2020 – **Fecha de Publicación**: 01 de abril de 2020

Abstract

Background: This study sought to identify the connections between the principles related to virtue bioethics (VB), the objectives of the United Nations 2030 Agenda for Sustainable Development (UN) and the references on health promotion (HP), mainly targeted at professors. Agenda 2030's Sustainable Development Goal (SDG) 3 - "Ensuring healthy lives and promoting well-being for all at all ages" - reflects on the connections between the VB paradigm and HP. VB and HP value interactions between individuals and, in this approach, establish relationships with the 2030 Agenda, providing a way to stimulate and develop useful and viable measures that involve health and well-being, quality of life, happiness, solidarity and empathy. Both approaches are built on this same perspective, as they interpret the human person as a being in continuous development and are respected in their integrity and their lived experiences. Objective: To present and identify the interfaces between VB and the UN Agenda 2030 as a substrate for the development of bioethical interventions involving HP in higher education. Methodology: exploratory-descriptive and quantitative-qualitative approach. Sample: professors from southern Brazil, random sampling, non-probabilistic for convenience, CI = 95%, n = 1400 professors. Approved by the Research Ethics Committees of the HCPA, Brazil, University Fernando Pessoa, Portugal and CAAE 55066616.8.0000.5327, Plataforma Brasil. Results: extraction of 6 main components through factor analysis, categorised and interpreted by qualitative content analysis, according to Bardin. Conclusions: The results suggest that moral principles such as respect for dignity, health care, protection, sustainable actions, prosperity, peace, solidarity and empathy were reported by the surveyed professors, with a positive impact on their health. The promotion of individual and collective well-being, quality of life, inclusion and social justice are paradigms associated with VB and HP, and whose principles are correlated with the 2030 Agenda in their SDGs.

Keywords

Health Promotion – Higher Education – UN 2030 Agenda – Virtue Bioethics

Resumen

Este estudio buscó identificar las conexiones entre los principios relacionados con la bioética de las virtudes (BV), los objetivos de la Agenda 2030 de las Naciones Unidas para el Desarrollo Sostenible (NU) y las referencias sobre promoción de la salud (PS), principalmente dirigidas a profesores. El Objetivo de Desarrollo Sostenible (ODS) 3 de la Agenda 2030 - "Asegurar vidas saludables y promover el bienestar para todos en todas las edades" - reflexiona sobre las conexiones entre el paradigma BV y PS. Ellas valoran las interacciones entre individuos y, en este enfoque, establecen relaciones con la Agenda 2030, proporcionando una forma de estimular y desarrollar medidas útiles y viables que involucren salud y bienestar, calidad de vida, felicidad, solidaridad y empatía. Ambos enfoques se basan en esta misma perspectiva, ya que interpretan a la persona humana como un ser en continuo desarrollo y son respetados en su integridad y sus experiencias vividas. Presentar e identificar las interfaces entre BV y la Agenda 2030 como sustrato para el desarrollo de intervenciones bioéticas que involucren a PS en la educación superior. Enfoque exploratorio-descriptivo y cuantitativo-cualitativo de profesores del sur de Brasil, muestra aleatoria, no probabilística por conveniencia, IC = 95%, n = 1400 profesores. Aprobado por los Comités de Ética del HCPA, Brasil, Universidad Fernando Pessoa, Portugal, CAAE 55066616.8.0000.5327, Plataforma Brasil. Extracción de 6 componentes principales por análisis factorial, categorizados e interpretados por análisis de contenido cualitativo, según Bardin. Los resultados sugieren que los profesores informaron sobre principios morales como respeto a la dignidad, atención sanitaria, protección, acciones sostenibles, prosperidad, paz, solidaridad y empatía, con impacto positivo en su salud. La promoción del bienestar individual y colectivo, calidad de vida, inclusión y justicia social son paradigmas asociados con BV y PS, y cuyos principios están correlacionados con la Agenda 2030 en sus ODS.

Palabras Claves

Promoción de la salud – Educación superior – Agenda 2030 ONU – Bioética de las virtudes

Para Citar este Artículo:

Carlotto, Ivaní Nadir y Dinis, Maria Alzira Pimenta. The virtue bioethics and its interface with the United Nations 2030 Agenda: possible reflections and its repercussions on health promotion in Higher Education. Revista Inclusiones Vol: 8 num Especial (2021): 534-547.

Background

This study aimed to identify the connections between the principles related to the virtue bioethics, the goals of sustainable development (SDGs) proposed by the United Nations (UN) 2030 Agenda and the possible interfaces with health, more precisely with health promotion (HP) from university professors. Virtue bioethics and HP value interactions between individuals and, in this approach, establish relationships with SDG 3, which focuses on the salutogenic paradigm, providing a way to stimulate and develop useful and viable measures that involve health and wellbeing, quality of life, happiness, solidarity and empathy[1].

The ethics of virtues in bioethics defended by Edmund Pellegrino and David Thomasma[2], whose focus points to the role of principles in the scenario of health actions, reinforces that they are of fundamental importance for obtaining the good of the individual, the primary objective of health practices. The authors direct their theory to the principle of beneficence and virtue from the health actions performed, aiming at the good of individuals through the systematization and ethical posture of all those involved in health action processes[3], reason by which the indispensable principle of the bioethics of virtues is the necessity of the existence of the moral agent in the lives of individuals. All principles, duties and rules of ethics must, according to this approach, be expressed in the moral life of the human element[4].

Like many other fundamental concepts needed to understand ethics and bioethics, Plato and Aristotle adequately expressed the idea of the virtue. Plato associated it with knowledge about the good. Aristotle, like Plato, equated virtues with excellence by stating that man's excellence will also be the state that makes a man good by doing his work well. The virtues are compatible with principles, as Beauchamp and Childress emphasised in later editions of their influential work “Principles of Biomedical Ethics”[5]. For Pellegrino and Thomasma in their work “For the patients’ good”, the ultimate goal of health (or health actions) is not just the healing aspect of pathologies, but the restoration of health in a broad and global manner including, beyond the element of physical health, the aspect of mental, emotional, social and spiritual health. The restoration of health, therefore, implies, in addition to consideration of the healing issue, the rescue of the principle of autonomy by individuals.

Some of the virtues implicit in health action can be described as (i) Confidence; (ii) Beneficence; (iii) Honesty; (iv) Courage; (v) Compassion and (vi) Veracity. However, these considerations confront the question of whether virtues can be taught, or even last, in our present society, where particular benefits prevail rather than altruism[6]. Plato and Socrates pondered the receptivity to the teaching of virtue and whether it could be acquired through

[1] UN, “Sustainable development” NY: United Nations, 2018. https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf (05/02/2017)

[2] E. D. Pellegrino e D. Thomasma, For the Patient’s Good (New York: Oxford University Press), 1988.

[3] E. D. Pellegrino, “Professionalism, Profession and the Virtues of the Good Physician”, The Mount Sinai Journal of Medicine, Vol: 69 num 6 (2002): 378-384.

[4] P. S. V. C. Pastura and M. G. P. Land, “A perspectiva da ética das virtudes para o processo de tomada de decisão médica”, Revista Bioética, Vol: 24 num 2 (2016): 243-249.

[5] T. L. Beauchamp e J.F. Childress, The principles of biomedical ethics, 7ª ed. (Oxford: New York, 2002).

[6] P. Cappon e D. Watson, “Improving the social responsiveness of medical schools: Lessons from the Canadian experience”, Academic Medicine, Vol: 74 (1999): 81S–90S.

education or experience. Socrates, as usual, clarified the question but did not answer it definitively. Aristotle, on the other hand, definitely succeeded. He said that it would be possible to follow a model of a virtuous person, reinforcing society's responsibility to encourage individuals to seek and multiply examples of virtuous character and conduct.

The ethics of virtues in the bioethical model manifests itself as a paradigm suited to the challenges and the need for health decision-making in contemporary times. The praxis of virtues affirms better decisions and adaptability of therapeutic choices in health and HP. Thus, the imputability of character formation and virtuous conduct becomes a sine qua non-condition before the life needs of individuals and all the guiding aspects that compose it.

Already, in turn, and associated with the approach to virtues, HP and bioethics are built from this same perspective because they interpret the human person as a being in constant development and must be respected in their integrity and their lived experiences.

Referring to the 2030 Agenda for Sustainable Development, which was proposed by the UN in 2015, it provides a guiding framework for global progress against the 17 SDGs and the 169 purposes[1]. These guidelines cover a broad spectrum of development issues that are relevant to all countries. The innovative character of the 2030 Agenda is unique in that it recognises the integrated nature of the SDGs, requiring the integration of public policies for their operation.

Public policy integration refers to policy-making processes that take into account interdependencies between dimensions and sectors (2), in contrast to planning and decision-making (3). In the specific scenario of 2030 Agenda, this policy integration involves the analysis, planning and management of results and their impacts, as well as interdisciplinary synergy directed towards achieving the SDGs (4). This analysis provides an adequate forecast of how the SDGs are made, estimating their costs and assessing their impact globally[7].

About SDG 3 - Ensuring a healthy life and promoting well-being for all at all ages, it is possible to assume the concept of health as a fundamental human right and a key indicator of sustainable development. Poor health threatens education-related actions, economic opportunities, and increased poverty in communities and countries around the world. Health is also impacted by various aspects involving sustainable development, such as water and sanitation, equity, global climate change, feeling of peace and belonging. All of these characteristics can be described as actions that are part of HP and, for the sample of professors surveyed, it is no different. They evidenced that such concepts and feelings of respect for the profession and the individual, equality, belonging and justice add to the professors more health and well-being, contributing to the maintenance and increase of expectation in all aspects that involve the concept of health and HP[8].

However, significant progress still needs constant attention to be able to improve people's health, increase life expectancy, reduce maternal and child mortality and combat major infectious diseases. Joint efforts are needed to achieve universal health coverage and

[7] M. Pedercini, “Harvesting synergy from sustainable development goal interactions”, PNAS, Vol: 116, num 46 (2019): 23021–23028.

[8] UN, “Sustainable Development Goals”, SDG 3. Knowledge Platform. 2018. https://sustainabledevelopment.un.org/sdg3 (20/11/2019) y SDG Compass, SDG 3. 2018. https://sdgcompass.org/sdgs/sdg-3/ (20/11/2019)

sustainable health financing to address the growing burden of noncommunicable diseases, including mental health, as well as health determinants such as air and water pollution, and sanitation inappropriate.

Virtue Bioethics as a Reflective and Inclusive Tool in Health Promotion for Professors in Higher Education: Alignment with the 2030 Agenda

From a global and political perspective, the objectives defined by the Ottawa Charter[9] are the guiding axis regarding HP. HP is considered an essential component of life and is a process by which all people can achieve higher levels of autonomy and competence to manage their health[10].

Thirty years ago, the Ottawa Charter for Health Promotion retrospectively recognized the need to provide people with tools to empower them to manage and improve their health and well-being, thus ensuring healthy and sustainable environments. In 2016, the Ninth Global Conference on Health Promotion in Shanghai[11], the theme of which was "Health Promotion: Sustainable Development Objectives," reaffirmed the timely and necessary commitment on the alignment between policies and actions associated with HP as established by the Ottawa Charter. The theme "Health for All" encourages the involvement of all individuals in a new global partnership in order to achieve this transformative agenda. Typical examples of HP intervention strategy programs are represented in context of education. This initiative initially referred to as "Healthy Schools," though it is now known as "Health Promoting Schools," and has spread to university systems known740 as Health Promoting Universities, or HPUs[12]. Through HP measures created in these contexts, specific plans and policies have been established as connections between education and health, thus catalyzing actions relevant to the operationalization of HP.

Universities are essential organizations for HP—not only as contexts aimed at improving well-being but also as multisectoral health partners that contribute to the development of citizenship and social change. Investments in HP and salutogenesis in the context of higher education (HE) are valuable given the specificities that are characteristic of this sector. Dooris et al.[13] proposes that the analysis of this perspective needs to consider the multiplicity of roles that universities play—as centers of learning and development, as

[9] WHO, "Ottawa Charter for Health Promotion" (Geneva: World Health Organization, 1986).

[10] J. P. Allegrante, "Policy and environmental approaches in health promotion: what is the state of the evidence?", Health Education Behaviour, Vol: 42 (2015): 5s–7s; S. Dias e A. Gama, "Ensino da promoção da saúde em pós-graduação em saúde pública internacional no contexto do processo de Bolonha", Saúde e Sociedade, Vol: 25 (2016): 771–785; J. Kerr, "Applying the ecological model of behavior change to a physical activity trial in retirement communities: description of the study protocol", Contemporary Clinical Trials, Vol: 33 (2012): 1180–1188 y D. R. Stokols, "Enhancing the resilience of human–environment systems: a social–ecological perspective", Ecology Social, Vol: 18 (2013).

[11] WHO, "Okanagan Charter: an international charter for health promoting universities & colleges" (Geneva: World Health Organization, 2017). https://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf (13/06/2017)

[12] H. K. Joh, "Health promotion in young adults at a university in Korea: a cross-sectional study of 625 participants in university", Medicine (Baltimore), Vol:96 (2017): e6157 y R. E. Reilly, "A pilot study of Aboriginal health promotion from an ecological perspective", BMC Public Health, Vol: 11 (2011).

[13] M Dooris, S Doherty, J Cawood e S Powell, "The Healthy Universities approach: Adding value to the higher education sector", in The Health promotion settings: Principles and practice (London: Sage, 2012).

stimulators for creativity and innovation, as sites in which citizenship is developed, and as mobilizers of resources, investments, and local, regional, national and global partnerships. This increasing commitment to the incorporation of health and well-being into higher education strengthens and reinforces the development of sustainability-based academic measures and activities[14], thus broadening and supporting the salutogenic focus advocated by HP. The concept of sustainable development encompasses environmental, social, and economic policies.

These policies are related to health in that they support the search for the improved quality of life and well-being of societies and environments. This definition highlights the invaluable relationship between health and sustainability that, in an academic context, promotes universities' growing commitment to sustainability by fostering evidence-based health care measures guided by salutogenesis[15]. Teaching as a profession, while often analyzed under the aspect of stressors and malaise, is a vocational activity with immense positive professional return and with an evident link to HP. Due to the correspondences between teaching work and HP, it is possible to apply the HP concepts and proposals recommended by the HPU/World Health Organization (WHO) to teaching as a profession. The idea of approaching health from the perspective of health promotion allows us to anticipate situations and change courses of action healthily in all fields of study and policy[16]. These ideas are also defended by bioethics. In this context and conceptualization, bioethics presents itself as a reflexive, mutually shared and interdisciplinary tool that focuses on the adequacy of actions that comprise life and citizenship. In the context of HE and professors' health, the principles are strictly related to HP[17].

Coughlin[18] and Dooris et al.[19] emphasize that the ethical principles and values involved in HP in the context of teaching and bioethics do not apply solely to the biomedical field. Concepts such as solidarity, public trust, autonomy, resilience, individual and community well-being, global health, shared commitment, inclusion and environmental/sustainability health are used to define bioethical practices committed to the complexity of current events and the search for balanced answers to the conflicts presented.

Methodology

The research had a cross-sectional design with the quantitative and qualitative approach, of exploratory-descriptive nature[20]. The population composed by professors from Higher Education Institutions (HEI) of the State of Rio Grande do Sul (RS) / Brazil, selected

[14] HEFCE. Higher Education Funding Council for England. Sustainable development in higher education (England: HEFCE's, 2014).

[15] M. Dooris; S. Doherty e J. Orme, The application of salutogenesis in universities, in The handbook of salutogenesis (England: Springer, 2017).

[16] M. Y. Li, "Occupational mental health and job satisfaction in university teachers in Shenyang, China", Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi, Vol: 35 (2017): 137–140 y M. Luken, "Systematic review of mindfulness practice for reducing job burnout", American Journal Occupational Therapy, Vol: 70 (2016): 7002250020p1–7002250020p10.

[17] M. Dooris, "Healthy settings: challenges to generating evidence of effectiveness", Health Promotion International, Vol: 21 (2005): 55-65.

[18] S. S. Coughlin, "How Many Principles for Public Health Ethics?" Open Public Health Journal, Vol: 1 (2008): 8-16.

[19] V. R. Potter, Bioethics, bridge to the future (Prentice Hall: Englewood Cliffs, 1971).

[20] C. C. Prodanov, Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico (Novo Hamburgo: Feevale, 2013).

by random sample, non-probabilistic for convenience (*openepi* = 95% CI (%), n = 1400 individuals). Data collection performed between March and July 2017. The present study was approved by the Research Ethics Committee of the Hospital de Clínicas of Porto Alegre (HCPA) / Brazil, by the Ethics Commission of the University Fernando Pessoa (UFP) Porto / Portugal and identified by the CAAE number 55066616.8.0000.5327 of Plataforma Brasil. For data collection, an online survey was built hosted on the Survio© platform and sent to the participants of the research by e- mail. Previously, contact was made with the leaders of each HEI to present the research objective and obtain approval for the applicability of the survey. All the respondents were informed about the fundamental science of the Free and Informed Consent Form (FICF) accompanying the protocol. The statistical analysis of the results was carried out with the aid of the statistical software environment R® (R Development Core Team), version 3.3.1[21]; through cross-checking of survey data and the conceptual frameworks of the HPU/WHO. Qualitative dissertation data treated with Content Analysis, according to Bardin[22] and software MAXQDA®[23].

The data were collected and worked by the Researcher, through the application of 1400 questionnaires, each containing 35 questions, each question with five answers, each answer being evaluated by a Likert scale with attribution of the following values by the Researcher: 1 point - I do not know fully; 2 points - partially unknown; 3 points - I know; 4 points - I know partially and 5 points - I totally know. The instrument was an adaptation of the Toolkit - HPU / WHO protocol of the Central University of Lancashire-Lancaster / UK, expressly authorized by its idealizer, Professor Mark T. Dooris. The Toolkit includes a research tool that enables HEIs to analyze and reflect on their perception of health, sustainable development, and well-being in their core business and organizational culture. The significance level of 1% was adopted, rejecting hypotheses whose descriptive value (*p*-value) was lower than 0.001; Varimax® rotation with factorial load retention> 0.40 was used; the analysis of Factors and Analysis of Principal Components (APC) with an eigenvalue higher than 1.0 was applied to identify groups or groupings of variables, and thus to understand the structure of a set of variables and to show the relations between them, reducing the data set to a more manageable size while retaining as much of the original information as possible. Cronbach's alpha (acceptable *index* > 0.60) ensured the internal consistency of the instrument used.

Findings

The general profile of the sample points to the following data: 14% of the professors (n = 199) were admitted to HEIs surveyed in the early 2000s, 87% of which (n = 1219) were linked to private HEI. 76% belong to the female gender (n = 1070), 53.7% between the ages of 46 and 55 (n = 752). The Health Sciences training area accounts for 67.3% of respondents (n = 943), followed by the area of Engineering (n = 142) and Human Sciences (n = 109). The level of schooling comprises 75% Doctors (n = 1046) and 19% Masters (n = 266). 60.3% (n = 845) had 15 to 20 years of teaching experience, and the weekly workload worked at 26.2% for 40 hours per week (n = 368), 16.1% for 20 hours (n = 226) and 13.5% for 30 hours

[21] R. Development Core Team, "R*:* a language and environment for statistical computing", Vienna *R* Foundation for Statistical Computing, 2017. https://www.gbif.org/tool/81287/r-a-language-and-environment-for-statistical-computing (16/07/2017)

[22] L. Bardin, Análise de conteúdo (Lisboa: Edições 70, 2009).

[23] MAXQDA, "The art of data analysis", Berlin: VERBI Software, 2018. https://www.maxqda.com/?utm_expid=.HYL6SEWUQaqlYvgzfnwOzA.0&utm_referrer=https%3A%2F%2Fwww.maxqda.com%2Fwhat-is-maxqda (16/08/2018)

per week (n = 189). Of the 1400 professors surveyed, 79.5% have a single employment relationship (n = 1113). The table 1 shows the socio-demographic characteristics of the professors analyzed in the research.

Socio-demographic characteristics of professors		
Characteristics	**Respondents** ***n***	**%**
Age		
26–30 years	106	8
31–35 years	143	10
36–45 years	215	15
46–55 years	752	54
+ 55 years	184	13
Marital Status		
Married / companion	1080	77
Separated / divorced	159	11.8
Single Children:	156	11
Widowed	3	0.2
Level of Education / Schooling		
PhD	1046	75
Specialist	35	2
Master's degree	266	19
Postdoctoral degree	50	3
Other training	3	1
Gender		
Male	330	24
Female	1070	76

Source: IN Carlotto, "Percepções de professores universitários sobre a promoção da saúde e sustentabilidade: uma proposta de investigação fundamentada nos referenciais das Universidades Promotoras da Saúde (UPS)/Organização Mundial da Saúde (OMS)" (Tese PhD, Universidade Fernando Pessoa, 2019), 55.

Table 1

Socio-demographic characteristics of professors

Through the applied factorial analysis and the Varimax® rotation it was possible to extract six main components, according to table 2.

Question	PC						Variability Ratio
	PC1	PC2	PC3	PC4	PC5	PC6	
Q8	**-0.578**	0.170	0.186	-0.329	0.095	0.328	0.622
Q10	**-0.645**	-0.180	-0.175	**0.482**	0.002	-0.161	0.737
Q11	**0.587**	**0.405**	0.038	-0.283	-0.378	0.189	0.769
Q13	**0.572**	0.370	-0.014	-0.299	-0.268	0.097	0.635
Q16	**0.826**	0.320	0.007	0.003	0.358	-0.110	0.924
Q23	**0.812**	0.069	0.049	0.094	0.339	-0.134	0.808
Q24	**0.786**	0.309	0.015	-0.064	-0.195	0.063	0.760
Q26	**0.827**	0.163	0.187	-0.194	0.263	0.000	0.852
Q28	**0.855**	0.253	-0.065	-0.004	-0.177	0.036	0.833
Q31	**0.847**	0.331	0.054	-0.042	-0.100	0.114	0.854
Q32	**0.895**	0.206	0.081	-0.115	-0.039	0.032	0.866
Q19	0.037	**0.602**	**-0.569**	-0.154	-0.127	0.013	0.728
Q21	0.253	**0.776**	0.109	-0.155	-0.134	-0.014	0.719
Q22	0.313	**0.719**	-0.295	-0.033	-0.176	0.028	0.735
Q25	0.068	**0.626**	**0.528**	-0.298	0.010	0.150	0.787
Q27	0.164	**0.757**	0.217	-0.342	-0.021	0.020	0.765
Q29	0.334	**0.800**	0.104	-0.001	-0.207	0.077	0.811
Q30	0.306	**0.847**	0.060	-0.150	-0.056	0.005	0.841
Q33	0.379	**0.814**	0.030	-0.088	0.026	-0.024	0.816
Q6	-0.265	0.174	**0.648**	-0.064	-0.145	0.101	0.555
Q7	-0.187	0.177	**-0.662**	-0.028	-0.104	**0.409**	0.684
Q9	0.344	-0.085	**0.602**	-0.028	-0.258	0.154	0.579
Q18	0.104	-0.132	**-0.659**	-0.385	-0.056	0.033	0.615
Q35	0.361	0.304	**0.631**	-0.272	0.030	0.032	0.697
Q15	0.044	-0.210	-0.055	**0.703**	**0.423**	0.076	0.727
Q20	-0.202	-0.201	0.167	**0.764**	0.001	0.126	0.709
Q34	-0.061	-0.380	-0.072	**0.751**	0.354	0.023	0.843
Q14	0.022	-0.106	0.096	0.334	**0.764**	-0.089	0.724
Q17	0.179	-0.391	-0.208	0.122	**0.716**	-0.049	0.758
Q1	-0.139	0.104	0.045	0.162	0.268	**0.618**	0.513
Q2	0.099	0.055	0.010	0.202	-0.009	**0.610**	0.426
Q4	-0.099	0.122	0.102	0.275	0.066	**-0.497**	0.361
Q5	0.012	-0.382	-0.181	-0.090	-0.274	**0.548**	0.563
Number of items	11	9	7	4	3	5	
Eigenvalues	7.341	6.020	3.069	3.007	2.384	1.796	
Variance (%)	31.084	25.491	12.994	12.734	10.092	7.603	

Source: IN Carlotto, “Percepções de professores universitários sobre a promoção da saúde e sustentabilidade: uma proposta de investigação fundamentada nos referenciais das Universidades Promotoras da Saúde (UPS)/Organização Mundial da Saúde (OMS)” (Tese PhD, Universidade Fernando Pessoa, 2019), 75.

Table 2

Estimated six factor loads (frequencies) after the Varimax® rotation with Kaiser normalization for the answers to the instrument questions/*R* Development Core Team

The table 3 shows the higher factor loads that emerged from the extraction of each component and the number of variables that formed each component. The extracted components are directly proportional to the original categories of the Toolkit Self-review tool, which served as the theoretical basis for this work.

Principal Components (PC)	**Factor Load**	**Number of variables**
PC1 - Programs and activities to support health and sustainable development	0,895	11
PC2 - Facilities and environments conducive to HP/ Information and Communication Technologies (ICTs)	0,847	9
PC3 - Development of actions of health and well-being at work through a comprehensive and integral approach / Bioethics	0,64	7
PC4 – Key contacts / support services / dissemination of institutional research in health and sustainability	0,648	4
PC5 - Referrals and clarifications of health problems / accessibility	0,764	3
PC6 – Strategic planning / impact assessment / partnerships	0,618	5

Source: IN Carlotto, “Percepções de professores universitários sobre a promoção da saúde e sustentabilidade: uma proposta de investigação fundamentada nos referenciais das Universidades Promotoras da Saúde (UPS)/Organização Mundial da Saúde (OMS)” (Tese PhD, Universidade Fernando Pessoa, 2019), 67.

Table 3

Categories that emerged from the questionnaire/Six principal components/MAXQDA®.

Discussion

Using the Ottawa Charter as a starting point, health is considered a multidimensional resource (physical, mental, emotional, spiritual, social) for life. The focus for establishing a sustainable and healthy paradigm in HP is not only to identify needs, behaviour change and disease prevention, but also to promote and strengthen positive assets and resources that develop health, well-being and prosperity. The HP values the interactions of the individual with the environment and, in this approach, the SDG 3 - 2030 Agenda presents itself as a possibility of systematising health actions in a holistic, sustainable and salutogenic way, stimulating positive aspects related to ethics, well-being, quality of life and happiness.

HP's primary goal for professors in higher education is to combine these models with the autonomy derived from necessary health actions: to investigate and visualise the gaps where HP can, through interdisciplinarity, strengthen relationships and produce health, well-being and quality of life for professors, relevant indicators in public health. The university environment can be understood as a social system in its entirety, with its interrelationships between the parts and the whole. This system is complex and dynamic, in equilibrium or changing, with the elements affected by the continually moving feedback loops. When applied to teacher health, this theory illustrates that healthy structures (e.g., adoption of a strategic plan and managerial commitment, health interventions derived from a global paradigm, i.e., advocated by WHO, PAHO, UN, etc.) presented as a prerequisite for healthy processes, positive impacts on health outcomes and therefore developers of an integral and holistic health landscape[24]. The results of this study indicate that in addition to the principles of HP generally identified in the literature, such as equity, interdisciplinarity, participation and holism, additional policies related to HP of professors' in HE was identified. Professors evoked concepts such as solidarity, public trust, autonomy, resilience, individual and community well-being, global health, shared commitment, health and environmental sustainability, impacting overall health, individual and collective inclusion and the social role of professors. The universities act as conducive places for the development of health actions, stimulating HP activities. On the other hand, the diffusion of 2030 Agenda SDGs, specifically SDG 3 acts as an interdisciplinary and principled concept, reflecting on the HP of professors' in HE, and contributing to the construction of qualified teaching health processes[25].

According to this perspective, the approach proposed by virtue bioethics becomes an essential tool for the recognition of shared goals, the need to consider plural knowledge, inclusion and the process of reflection about HP. The principles of virtue bioethics, the 2030 Agenda proposal and the concepts involving HP are integrated to aim at building a more humanised health model and assuming the exercise of health care in HE in an interdisciplinary and socially responsible manner. In assessing and understanding the interrelationships, interactions, and synergies in the university environment, which are ideally derived from interdisciplinary practices, a clear commitment is made to the development of HP actions in HE. In this way, it is possible to establish connections between the virtue bioethics model, SDG 3 – 2030 Agenda and professors' HP concepts, reflecting on how they can contribute to stimulating appropriate and inclusive health-related measures for professors in an academic environment, once health is viewed as an integral part of culture, structure and university processes[26].

Conclusions

Universities are of paramount importance for the realisation of health processes. Universities ideally function as research and learning venues and can stimulate HP

[24] I. N. Carlotto e M. A. P. Dinis, "Bioethics as a paradigm for health promotion in higher education: a cross- sectional study", UNESCO Chair in Bioethics 13th World Conference Bioethics, Medical Ethics and Health Law, Jerusalém, 2018. https://ethics-2018.isas.co.il/wp-content/uploads/sites/35/2018/12/Ethics-2018-Abstract-book.pdf. (13/06/2019)

[25] I. N. Carlotto e M. A. P. Dinis, "Bioethical Reflections on the UN 2030 Agenda and its Repercussions for Teachers' Health Universities and Sustainable Communities: Meeting the Goals of the Agenda 2030", World Sustainability Series, Springer Nature Switzerland AG 2020, Vol: 1 (2019): 737-748.

[26] I. N. Carlotto e M. A. P. Dinis, "Bioética e Promoção da Saúde Docente na Educação Superior: Uma Interface Necessária", Revista Saber & Educar, num 23 (2017): 168 - 179.

activities. In this proposal, the bioethics of virtues is seen as an analytical and principled activity that seeks to reflect on HP in HE, contributing to the construction of qualified processes of teacher health actions, with the exceptional conceptual clarity that characterises this process. The 2030 Agenda and SDG 3 provide a reasonable basis for these actions as they respect bioethical principles and stimulate HP's activities with a salutogenic approach.

Possible practical implications include the need to redesign public policy and assist morally justifiable health decision-making for professors, following a bioethical approach; integrate health with faculty, identify opportunities that support universities 'well-being and commitment to teacher health, promote a salutogenic approach to HP, stimulate evidence-based research and action, and recognize professors' HP as an investment to strengthen planned health actions.

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