The concept of social protection is an issue of discussion, once it is present in every field of knowledge, concurrently with the implementation and improvement of the Unified Health System (SUS). Resulting from this greater perception of inequalities and promoting the creation of services seeking the universal access.

In this direction, the Primary Health Care (PHC) advanced substantively over the past years. Ordinance No. 648 GM/2006 approved this National Policy, establishing the review of guidelines and standards for its organization, which uses as structural axis the Family Health Strategy.

Designed to be the focal point of the reorientation of services, part of this care model is composed of multidisciplinary teams, focusing on general and specific nurse skills, who, besides the prevention and treatment of diseases, should consider the subject in his uniqueness, complexity, comprehensiveness and the need for sociocultural integration. The network structure, i.e. together with a set of resources and devices articulated to reference services of medium and high complexity of SUS, shows the privileged place of work of these professionals to implement social equity.

This is not about developing simplified and low cost actions/services, but rather of substantial investment in intersectoral actions, adapting rules and practices to specific cases, not only making it possible for all, but also providing a fair access to services and professionals.

The goal is to impact on the life and working conditions, thus encouraging work projects to join efforts with the population. In this perspective, the community organization becomes one of the great challenges of nursing in PHC system. Establishing collaborative relationships, motivating people to act together is a guarantee of sustainability of their actions at the primary level.

However, the multiple realities in which nursing develops invite these professionals not only to turn to the problems in order to diagnose them, but also to understand them from the perspective of the patients, helping to identify what must change in the living environment, to make choices and act to desired results.

In this context, Health Promotion appears as one of the guiding axes of nursing interventions, which implements it as an empowerment tool for people; empowerment is seen here as a phenomenon of expanding health awareness, as well as the need to ensure conquests and rights in the social area. Also, referring to the environment became

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prerogative, when the implementation of health promotion actions requires integrative approaches, capable of favoring the treatment programs adapted to the characteristics of the environment and the people in it.

Nevertheless, the conceptual, political and practical contributions for the organization of nursing services in PHC, the realities to which they apply are quite complex, so that the problem solving capability of professionals face limits involving structure, management, technical and professional teams, which implies the existence of assistance problems.

Perhaps we should consider that the current critical moment of SUS, characterized by the combination of greater demands and social pressure for quality, is also a strategic criterion to induce change in different direction and value the profession. Certainly, there is no sufficient and effective formula for nursing actions in the context of consolidation of SUS. However, we think that a strengthened continuous education service – even in cultural and sociopolitical terms – can indicate ways.

Another significant contribution comes from scientific journals, like this one we now sign, once it gives visibility to wide and deep knowledge on Nursing Science. Besides the ownership of research results to determine the need for professional changes in the primary care system, it can also help to disseminate successful examples, potential and skills of nurses in primary care to find original ways of overcoming difficulties, prevent injuries, promote health and protect life.