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## CASE REPORT ARTICLE

### NURSING IN CHILD EDUCATION INSTITUTIONS - REFLECTING ON THIS PARTNERSHIP

#### A ENFERMAGEM NAS INSTITUIÇÕES DE EDUCAÇÃO INFANTIL - REFLETINDO SOBRE ESSA PARCERIA

#### LA ENFERMERA EN LAS INSTITUCIONES DE EDUCACIÓN INFANTIL - REFLEXIONANDO SOBRE ESSA ASOCIACIÓN

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#### ABSTRACT

**Objective:** to report on the role of nurses in child education spaces based on the experience of academics in an extension project in these institutions. **Method:** a descriptive study carried out about the experience of nursing students in the project «Child care in child education spaces». **Results:** from the actions of health promotion and prevention of diseases, the main results were greater approximation and interest of parents with the school, greater interest of parents, educators and children to the health topics addressed, in addition to a more skilled and risk-free care. **Conclusion:** the actions carried out promote in these spaces a healthy environment for child development since they combine care with education. **Descriptors:** Nursing; Child Education; Child Care.

#### RESUMO

**Objetivo:** relatar sobre o papel do enfermeiro nos espaços de educação infantil a partir da vivência de acadêmicos em um projeto de extensão nessas instituições. **Método:** estudo descritivo sobre o relato de experiência de acadêmicas de enfermagem no projeto << O cuidado à criança no espaço de educação infantil >>. **Resultados:** a partir das ações de promoção à saúde e prevenção de doenças, alcançaram-se como principais resultados a maior aproximação e interesse dos pais com a escola, maior interesse dos pais, educadores e crianças aos temas de saúde trabalhados, além de um cuidado mais profissionalizado e livre de riscos. **Conclusão:** as ações realizadas promovem nesses espaços um ambiente saudável para o desenvolvimento infantil uma vez que alia o cuidado à educação. **Descritores:** Enfermagem; Educação infantil; Cuidado da Criança.

#### RESUMEN

**Objetivo:** relatar sobre el papel del enfermero en los espacios de educación infantil a partir de la experiencia de académicos en un proyecto de extensión en esas instituciones. **Método:** estudio descriptivo sobre el relato de experiencia de académicas de enfermería en el proyecto << El cuidado al niño en el espacio de educación infantil >>. **Resultados:** a partir de las acciones de promoción a la salud y prevención de enfermedades, se alcanzaron como principales resultados la mayor aproximación e interés de los padres con la escuela, mayor interés de los padres, educadores y niños a los temas de salud trabajados, además de un cuidado más profesionalizado y libre de riesgos. **Conclusión:** las acciones realizadas promueven en esos espacios un ambiente sano para el desarrollo infantil una vez que junta el cuidado a la educación. **Descriptores:** Enfermería; Educación infantil; Cuidado del Niño.

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## INTRODUCTION

The care provided in daycare<sup>1</sup>/child education is a fundamental activity for the promotion of children's health and the quality of this care also contributes to the prevention of diseases and injuries. However, such actions alone are not enough to ensure the integral and healthy development of children. It is necessary, therefore, the participation of health professionals who may be contributing to the identification and treatment of problems encountered in growth and development, as well as carrying out prevention and health promotion actions, so that these children can have the best conditions for their full development.

Day-care centers are institutions that emerged in the eighteenth century with the Industrial Revolution, mainly due to changes in family organization with the exit of women to the labor market and the need to attend their children in the absence of mothers.

In France, day-care centers were created in 1770 with the purpose of assisting children from zero to three years of age while their mothers were working, having the main function of protecting and guarding them from the problems suffered at the time.<sup>12</sup> In Brazil, these institutions emerged in the nineteenth century, aimed at assisting abandoned children, as well as receiving and feeding children under the age of two during the work day of their mothers. Child care provided at these institutions was not different from the care provided in nursing homes and boarding schools<sup>2,3</sup>. In these scenarios, day-care centers had an assistance character, aimed at meeting basic needs, such as food, hygiene and health care, with a view to forming capable, hygienic, nourished and disease-free individuals.<sup>4</sup>

In the second half of the twentieth century, with the Industrial Revolution, there was a greater insertion of middle-class women into the labor market, generating new discussions around day-care centers as a place of care for children. In order to meet the needs of this specific group, private day-care centers were created. Supported by psychology studies, these day-care centers had a concern for stimulating creativity, sociability and child development, whereas day-care centers targeted at poor people had proposals based on the idea of shortage and deficiency, and the function of these institutions was to ensure the necessary care for survival and health.<sup>5</sup>

In Brazil, since 1988, the Federal Constitution has guaranteed the right to children from zero to six years of age to be served in kindergartens and preschools. It is

from the Law on Guidelines and Bases of Education (LDB 9.394/96) that child education is set to be the first stage of basic education, offered in kindergartens and pre-schools, designed to promote the comprehensive development of the child up to six years in the physical, psychological, intellectual and social aspects, complementing family and community action.<sup>6</sup>

Although transformations in the legal and structural aspects of child care in day-care centers have been going on throughout history, it is possible to see today that we have been living with two models: one with an exclusive focus on care (physical well-being and biological issues) and thus named as caregiving; and another that uses preschool as a reference (focus on curricular content), and thus named as educational. The dichotomy education and care in nursery spaces has generated distortions that evidence the overvaluation of exclusively pedagogical activities and neglect with caregiving actions.<sup>3</sup>

It is important to realize that, when prioritizing one or other function of day care, there is reductionism and partition of attention to the child. In this sense, it becomes fundamental to understand that care and education are intrinsically linked pillars<sup>3</sup>. Understanding childcare as a collective space capable of promoting expressive gains for child development, there is another aspect that cannot be forgotten, that is, from the point of view of collective health, day care requires special attention for child care in view of greater vulnerability of this public to diseases.<sup>7</sup>

A unique feature of this institution is to promote care actions that should be considered as the first actions that aim at the comprehensive health of these children. Thus, these actions permeate the daily life of children and child educators in a continuous integration between educational and care activities. The latter, based on the promotion of children's health, includes activities that also integrate their education: welcoming, nurturing, cleaning, comforting, protecting, consoling and providing a playful environment and interactions, which provide learning situations about themselves, the other and the culture in which they are inserted.

Thus, the care provided at the day-care center is a fundamental activity for the promotion of the child's health and the quality of this care also contributes to the prevention of illnesses and diseases. However, such actions alone are not enough to ensure a comprehensive and healthy development of children. It is necessary the participation of health professionals who may be contributing

to the identification and treatment of problems encountered in children's growth and development, as well as carrying out prevention and health promotion actions, so that these children can have the best conditions for their full development. In this sense, "it is necessary and important to guarantee quality not only in the individual aspect of education and care, but also in those of collective and epidemiological order that minimize health risks and promote the full growth and development of children".<sup>8</sup>

In this sense, the UFRN Nursing Department launched the extension project entitled "Child care in children's education spaces - an interlocution between health and education" that had as objectives "to assist children from zero to six years in the Municipal Centers for Child Education (MCCE), based on clinical and educational actions; to develop training actions for children's educators to carry out child care in MCCE; to develop actions with child educators and children to prevent accidents and violence in childhood; and to develop educational health actions with parents aimed at preventing accidents, diseases and violence."

### OBJECTIVE

♦ To report on the role of nurses in child education spaces based on the experience of academics in an extension project in these institutions.

### METHOD

This is a descriptive study, an experience report, in which undergraduate nursing students from the Federal University of Rio Grande do Norte (UFRN) describe their experience from February to December 2014, in the MCCEs that integrated the university extension project "Child care in child education spaces - an interlocution between health and education", developed by the Nursing Department of the Federal University of Rio Grande do Norte (UFRN) in partnership with the Municipal Secretariat of Education (MSE).

The extension project emerged from the need to expand the actions of nursing students in the care of children in primary care. Thus, the undergraduate course offers each semester a curricular component that, among other actions, promotes the development of skills and abilities for the comprehensive care to children and adolescents. The practices of this curricular component involve actions in basic health units but also in the diverse spaces of insertion of children and families, such as households, schools, among others. Thus, the

nursery scenario is an integral part of the practice scenario in nurse training.

With the partnership developed over a few years, it was observed the need for a greater insertion of these professionals in the school space, since the lack of preparation of educators to deal with issues related to the health-disease process evidenced the need to contribute with the qualification of actions for care in these institutions. In child education, the educator has the responsibilities of educating and providing care, being these associated and integrated. However, we have seen during the development of associated actions between health and education a great lack of specific knowledge to carry out care actions. This panorama, associated with a higher education that does not address these aspects, results in unmotivated professionals and little qualified for the development of these actions. Thus, the extension project that is currently in its fourth year of operation emerged from this situation. In this report, we will present the results of the work developed during the year 2014.

In that year, the project selected four MCCEs to start its actions. However the project was carried out in eight MCCEs due to the great demand of the managers to participate in the project. In 2014, the municipality of Natal had 69 MCCEs distributed in the four zones (North, South, East and West), attending children from zero to six years old, in the following classes: nursery I, nursery II, level I, level II, level III and level IV. Each class consists of up to 25 children and 02 child educators.

The criteria for MCCEs selection were: having the largest number of classes, being located in areas with a lack of health services and accepting to participate in the action. With the application of these criteria, we selected two centers in the Northern area of the city, one in the East zone, two in the South zone and three in the West zone. The actions were developed once a week, on Fridays, during the morning and afternoon shifts by nursing academics, volunteer nurses and a professor at the Nursing Department of UFRN.

Thus, this work is based on the record of the activities and interventions carried out in the MCCEs, as well as on the perception of the reality experienced. The analysis was based on the theoretical reference of the child's health and the recommendations of the Ministries of Health and Education.

### RESULTS

The extension project began in February 2014 and has been renewed every year. The

actions developed in MCCEs in 2014 were: follow-up consultations on child growth and development, health education actions with children, educators and families; training courses for children's educators, as well as support to educators for childcare activities at the levels: nursery I, nursery II, level I, level II, level III and level IV. In addition to these actions, the work group composed of nursing academics, nurses and teachers gathered periodically to plan actions, studies and evaluations.

At the beginning of the development of these actions, during the first and second month, the academics got immersed in the MCCEs to know the day-to-day of the institution, identifying their key points. The children's educators inserted the academics in the daily activities of the school, such as care actions or even games, educational activities, among others. It was possible to participate in the pedagogical meetings, parent-teacher conferences, besides the various cultural and educational programs of the school.

In this process, it was up to the academic to try to identify, with the help of the child educators, the main gaps and spaces for the nurse's work, in order to qualify the care provided to the child in the school space.

At the end of this process, an extended meeting was held with the nursing faculty, nurses, academics, children's educators, MCCEs managers and the Municipal Secretariat of Education of Natal in order to present the results identified in each MCCE and propositions of actions.

From then on, a schedule was agreed to be developed over two semesters. Each MCCE had its own specific timetable, since each had its peculiarities and its own specific needs, although many presented similar difficulties.

Because they were mostly located in low-income areas, MCCEs concentrated important socio-environmental and economic problems. Many were located in areas not covered by the Family Health Strategy, which was also a complicating factor, since access to health services had significant barriers.

The main problems perceived by the academics or presented by the educators were: impaired dentition (early dentition loss, impairment with the presence of tooth decays, etc.), pediculosis, tungiasis (these were the most prevalent, but the number of children with dermatozoonosis was high in all MCCEs), verminoses and outdated vaccination cards, among others. Situations of family violence, absence of parental involvement in school, lack of hygiene and "inappropriate behavior" in

children were also identified. Regarding the care provided by the educators, there was a lack of adequate hygiene in the hands of the child educators, inadequate care with the handling and disposal of dirty diapers, inadequate care in the management of children with respiratory diseases, lack of supervision and support for children on oral hygiene, among others.

After the delimitation of the problems encountered and the construction of the schedules, the implementation of the actions began. The main health education actions carried out had the following theme and target population: "Healthy food" with children and parents, "Pediculosis" with children and parents, "Tooth brushing" with children and parents, "Affectivity" with children and parents, "Universal Precautions" with educators. In addition to these, an open first aid course was carried out with the educators and managers to all the MCCEs of Natal, which took place in the laboratories of the Nursing Department twice a week in the evenings.

Throughout this first year of the project, the need to expand partnerships to better serve children and families was observed. In this sense, we initiated a process of awareness-raising and search for new partnerships with other health service agencies, such as: family health program, dental care in school clinics, psychosocial care for children with special educational needs through APAE, among others. These partnerships were starting when the project had to be completed in December.

To continue the actions, we identified the need to broaden the look on the problem and to associate to the actions developed in research activities that resulted in a project titled "CHILD CARE IN CHILD EDUCATION SPACES - Meanings and roles of educators and families", which was developed over the course of 2015-2016, resulting in eight end-of-graduation course papers for nursing academics in the years 2015 and 2016.

The extension project also provided nursing students with participation in important scientific events such as the Science and Technology Week of UFRN, in which the entire production of the project was presented at booths throughout the year and also at the Pet Health Congress held in Santa Cruz-RN. In addition, nursing academics produced informative material on the main dermatoses and dermatozoonoses, which was donated to MCCEs, as well as educational material to be used with children and parents in health education.

The main difficulties to carry out the extension project were the displacement of

students to the MCCEs, since two MCCEs that are located in the North zone and two in the South zone have difficult access by public transport; lack of infrastructure to conduct nursing consultations at schools or even educational actions with parents, since there is lack of appropriate rooms with adult chairs, as well as ventilated, light and airy environments with a space that holds up a significant number of parents, besides the lack of basic materials such as gloves, scales, among others. The latter were supplied with the investment of professors and nursing academics themselves.

The action has been accepted by the Municipal Secretariat of Education, through the Secretariat of Child Education, as an important partnership between health and education, between municipality and University. The project had important repercussions before the Municipal Secretariat of Education, which has undertaken efforts to ensure the necessary conditions for implementation of actions. The reflection of this action can be seen in the speeches of parents, children's educators and managers, and also through the publicity reports of the Secretariat of Education, which has constantly disseminated the results of this work.

## DISCUSSION

Child care aiming at their full growth and development presupposes that the health professional should act in accordance with the principles of family- and child-centered care and that it involves the various social agents that participate and have important repercussions in the growing and developing process of the child.<sup>9</sup> In this perspective, the child educator is a key element.

Faced with the social and economic transformations experienced by modern society, it is possible to perceive the changes that have been taking place in the care of children and their agents. From a care carried out in the domestic and family space, we observe the increasing appropriation and prevalence of an institutional care carried out in children's education spaces, having no longer the mother as main agent, but the child educator. Young children, especially those under three years old, have had a unique experience of spending between four and eight hours a day in kindergartens. This was once a necessary condition for working mothers at the apex of the insertion of women in the labor market after the industrial revolution but it is now a reality of most Brazilian families.

This new scenario imposes very important changes in childcare. On the one hand, family

care, practiced in the domestic environment increasingly reduced, and on the other, institutional care, provided in the spaces of child education. In this sense, it is necessary to recover and value the participation of this new person in the process of constitution of a comprehensive care to the child's health, by understanding that the educator is an agent of socialization, care and education in the process of child formation.

Thus, when thinking about the child's health, in a type of care that rescues the network of child care, we must insert the child educator in this process. In this sense, this project allowed to recognize not only the family as a constant strength in the child's life, but also the school. Thus, developing health actions that culminated in a partnership between schools, families and health services was a great challenge that allowed nursing students to deeply experience the singularities of the families' living process, the cultural and social shock of these families and the school and how this interferes in the child's health; in addition to constantly exercising respect for the cultural, racial, ethnic and socioeconomic diversity of families.

The experiential learning process allowed the recognition of the need to encourage and promote shared care between the school and the families, recognizing the participation of each subject and institution in the process of caring for the child. An important locus for the development of this process was through the nursing consultation carried out at the school and the health education actions that stimulated the participation of children, parents and educators.

The accomplishment of the nursing consultation to the child aimed at following the child's growth and development process and, for that purpose, it provided for physical examination, identification of risk situations for child growth and development, monitoring the child's weight and height in order to identify delays, follow-up of vaccination schedules, and providing mothers with important guidelines on vaccines, adverse events, among others.<sup>10,11</sup>

The nursing consultation proved to be a key moment for the empowerment of families about the child care process. It was also through these consultations that the feelings of anxiety, fear and insecurity about the meaning, for example, of the delegation of child care to school, were externalized by the mothers, who showed insecurity, sadness, and, at times, feelings of guilt at not being able to care for the children in the way they imagined or desired.

On the other hand, the health education project allowed us to glimpse the broad spectrum of nurses' performance in school. Only a few points were addressed and approached by the group, however, the demands were ever increasing. The educational work based on dialogue, respect for knowledge and recognition that all involved can teach and learn allowed the encounter of cultures, differences and also the recovery of potentialities, by valuing what families presented as a potential for care and supporting the limitations and difficulties encountered by parents and child educators.

Health education actions have strengthened the partnership between school, university and families; allowed the exchange of knowledge; provided knowledge on the life history of families, children and educators, and allowed each subject involved in this process to recognize themselves, as well as to know the other in the process of caring for the child.

The nurse has the essence of caring in a holistic way in his/her training and, therefore, he/she is able to perform health care for the children in these child education institutions. Several researches in the area have revealed the importance of care on the health-education interface in the school environment, by investigating different elements such as adaptation of the child and family to the institution, food, sleep and rest, prevention of accidents and diseases, health promotion, as well as the monitoring of physical and emotional growth and development, contextualizing them in a proposal of child care in day-care centers and Brazilian kindergartens.<sup>12</sup>

## CONCLUSION

There are many challenges to developing the project, especially when there is resistance from some educators regarding care to meet the needs of children. However, nurses have a fundamental role in qualifying child care actions carried out in the school space, and this work should be developed considering the potential of the school to be a promoter of health, well-being and child development.

Therefore, for child care and education to be effective, day-care centers need educators who, in addition to the objectives of child education, develop care that preserves and promotes their healthy development.

The actions developed by the educator involve different areas of knowledge, so it is important that planning and supervision are the result of a collective work of a multidisciplinary

nature. Thus, nursery and pre-school, as an institution, have the duty to offer conditions to provide full growth and development to the child in an environment with the lowest possible risk of illness and accidents. Therefore, it is necessary that the nurse is involved in the construction of the integration between care and education, aiming at the health promotion of the child who is in the stage of great vulnerability.<sup>13</sup>

The process of comprehensive development of the child requires holistic aspects, therefore, it is necessary that the health professional is present to promote healthy behaviors in these children, reducing diseases and resulting in healthier generations.<sup>14</sup>

So, according to Motta (2012), nurses have significant importance on health-education care in the school environment by investigating, evaluating and/or intervening in different elements such as adaptation of the child and family to the institution, feeding, sleep and rest, prevention of accidents and diseases, health promotion, as well as in the different aspects of the monitoring of growth and physical and emotional development, contextualizing them in a proposal of child care in day-care centers and Brazilian kindergartens.<sup>12,15-6</sup>

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