ABSTRACT

Objective: to understand the perception of nurses of the Family Health Strategy on School Health Program (PSE). Method: this is an exploratory and descriptive study of a qualitative approach, carried out with five nurses. The data were produced from semi-structured interviews, recorded on a digital device, and transcribed. For the analysis of the information, the content analysis technique was used, in the Thematic Analysis mode. Results: the data were categorized into three themes: Knowledge deficit on the PSE and training requirements; Factors that interfere with the practices of the PSE; Perspectives on the program. Conclusion: it was observed limitations of knowledge on the PSE and weaknesses as work overload, municipal management problems and lack of partnership with the parents. However, the PSE is viewed as a proposal able to contribute to the health completeness. Descriptors: School Health; Nursing; Family Health.

RESUMO

Objetivo: compreender a percepção de enfermeiras da Estratégia de Saúde da Família sobre o Programa Saúde na Escola (PSE). Método: estudo descritivo-exploratório, de abordagem qualitativa, realizado com cinco enfermeiras. Os dados foram produzidos a partir de entrevistas semi-estruturadas, gravadas em um aparelho digital e, em seguida, transcritas; para análise das informações foi utilizada a Técnica de Análise de Conteúdo, na modalidade Análise Temática. Resultados: as informações foram categorizadas em três temáticas: Deficit de conhecimento sobre o PSE e necessidade de capacitação; Fatores que interferem nas práticas do PSE; Perspectivas sobre o programa. Conclusão: observaram-se limitações de conhecimento sobre o PSE e fragilidades como sobrecarga de trabalho, problemas de gestão municipal e carência de parceria com os pais, entretanto o PSE é visualizado como proposta capaz de contribuir para a integralidade em saúde. Descritores: Saúde Escolar; Enfermagem; Saúde da Família.

RESUMEN

Objetivo: comprender la percepción de enfermeras de la Estrategia de Salud de la Familia sobre el Programa Salud en la Escuela (PSE). Método: estudio descriptivo-exploratorio, de enfoque cualitativo, realizado con cinco enfermeras. Los datos fueron producidos a partir de entrevistas semi-estructuradas, grabadas en un aparato digital, y transcritas. Para el análisis de las informaciones fue utilizada la Técnica de Análisis de Contenido, en la modalidad Análisis Temática. Resultados: las informaciones fueron categorizadas en tres temáticas: Déficit de conocimiento sobre el PSE y necesidad de capacitación; Factores que interfieren en las prácticas del PSE; Perspectivas sobre el programa. Conclusión: se observaron limitaciones de conocimiento sobre el PSE y fragilidades como sobrecarga de trabajo, problemas de gestión municipal y carencia de trabajar en conjunto con los padres, entre tanto, el PSE es visualizado como propuesta capaz de contribuir para la integralidad en salud. Descritores: Salud Escolar; Enfermería; Salud de la Familia.
INTRODUCTION

The health promotion process permeates the need for intersectionality that is the involvement of various social sectors through knowledge exchange, languages and practices to provide conditions for the individual to develop autonomy in decisions on health issues, the purpose of ensuring greater resoluteness to their problems.¹

In this perspective, this strategy becomes relevant to redirect health actions, since, still we experience the biomedical model, in which the actions are restricted exclusively to health services, with distance from other sites that could support and co-responsibility for promoting health and prevention of diseases such as, for example, the school environment.

Health education in the school environment enables the individual to become co-responsible for their health and the community in which they are inserted, contributing to their empowerment to contribute significantly to the achievement of improved quality of life, able to decide on their actions consciously. Moreover, instrumentalizing the students for the coping of both individual and collective problems.²

In this sense, realizing the importance of promoting health in other areas, the Ministry of Health (MOH) and the Ministry of Education (MEC), by Presidential Decree N° 6286 of December 5, 2007, established the School Health Program (PSE), with a view to comprehensive care for students from public schools, through actions carried out in basic health units and schools, aimed at prevention, promotion and health care.³

It is understood the importance of the participation of professionals working in the Family Health Strategy (ESF) in the implementation of PSE since they have responsibilities in developing cross-sectoral actions to interfere in the health-disease population. Therefore, the PSE proposes splitting its actions, so that the professionals envisage other parts of the health care network, providing comprehensive care.

It is noteworthy that educators and families of students are actively participating in this process, contributing to the strengthening of the program activities.⁴ Moreover, the support of managers in the planning and management of resources allocated to the program is essential for the implementation and its performance.

In this regard, the starting point is the identification of concepts attributed by nurses working in the ESF to the program to identify obstacles, weaknesses and possible potential for the consolidation of this new policy. In this context, it is believed that this work is configured as an instrument for strengthening the discussions on the PSE to support strategies for their improvement, to contribute to the construction of new junctures planning, with the aim of achieving greater effectiveness of the shares.

This study was based on the following questions: What is the knowledge of nurses working in the ESF to about the PSE? What are the expectations of these professionals on the implementation of this program? The objective to answer these questions was: to understand the perception of nurses of the Family Health Strategy on School Health Program (PSE).

METHOD

This is a descriptive study of a qualitative approach, using data from the research “School Health Program: knowledge and expectations.” The setting of the study was the ESF located in the territory of state schools in Jequié/BA, Northeastern Brazil, and as research subjects’ five nurses. Inclusion criteria were: management of the Family Health Units located in the territory in which they are schools and agree to the recording of interviews, being excluded those professionals who did not conform to these criteria.

Data were collected from semi-structured interviews, using a script composed of two open questions: “What knowledge do you have regarding the implementation of the School Health Program? What expectations do you have regarding the implementation of the School Health Program in the city?” recorded by a digital recorder, performed by students of health.

The interviews were transcribed, and the processing of data proceeded to content analysis,⁶ the following phases are obeying: 1) Pre-analysis; 2) Exploration of the material; 3) Treatment of results, inference, and interpretation. Thus, the information was categorized into three themes: Knowledge deficit on the PSE and training requirements; Factors that interfere with the practices of the PSE; and Perspectives on the program.

The study met all ethical precepts of Resolution 196/96² approved by the Research Ethics Committee of the State University of Bahia (UESB), in the opinion N° 51426, CAAE: 02808512.2.0000.0055. All participants were informed about the objectives and voluntary nature of the survey, and to guarantee their anonymity, they signed the Informed Consent Form (TCLE). The lines were transcribed to
preserve anonymity using the professional category followed by a list of participants.

RESULTS AND DISCUSSION

Knowledge deficit on the PSE and training requirements

The PSE defines responsibilities at all three levels of government, Federal, State and Municipal, and assigns ministries, health, and education, commitment to subsidize the development of continuing education proposals for professionals, both health as basic education, with this instrument recognized as relevant to the split of the program.8

In this perspective, before developing the activities of the PES, the nurses must be trained, as the program is relatively new, it was not contemplated in the formation of many graduates a few years ago. Moreover, training in health appears as a valuable strategy for achieving adequate assistance and enhancement of the worker.9

Under this logic, the discourse of the nurses showed that the PES was implemented in the city with no previous training with these professionals, perceiving the limited knowledge of the policy, which is restricted to information provided by the health secretary, without any systematization, implying the need for capacity building of ESF professionals for the development of program activities.

Look, the knowledge I have was that I was last in the Health Department […] the issue of anthropometry that we had to do, weight of children. (Nurse 01) is a new program and I do not know a lot about the concepts, but I know it is in this line of thinking right […] (Nurse 02)

Some nurses also understand that the PSE is an inter-ministerial policy which proposes coordination between the MS and the MEC, as noted in the following lines:

It appears as a form of partnership […] integration between health and education. (Nurse 02)

I know it was the program implemented to collaborate with health in schools, how? Working together in interdisciplinary, health sectors along with education […] (Nurse 04)

The connection between the sectors, health, and education, facilitates the splitting, such as clinical diagnosis and/or social referrals to health services, and prevention and health promotion activities to provide suitable conditions for the process training of the school community.10

In order to collaborate with integral formation of students from public schools, the PSE was recommended to develop actions such as clinical, nutritional, ophthalmologic, auditory, psychosocial and oral health; promotion of healthy lifestyle habits, sexual and reproductive health; preventing and reducing alcohol and drug use; control the vaccination booklet, smoking and other risk factors for health; reduction in mortality due to external causes, among others.5 However, the nurses only reported the actions included in the program, only the childcare; anthropometric measurements, visual acuity, hearing and oral health; the survey of epidemiological data; the treatment of diseases; request tests and referrals to specialists; in addition to lectures and guidance on drugs and other related topics.

The following anthropometry and visual acuity of the children. We link this child the Health Unit to provide monitoring of weight, growth, development and testing request, referral to a nutritionist, as needed, or pediatrician. (Nurse 01)

The survey of epidemiological data of these children, and also intervention, both in the habits of these students, as well as in the treatment of some diseases. Through the school, we can detect some pathologies are ophthalmic, or about oral health. We also detect some parasites and provides treatment and promote changes in habits. (Nurse 02)

So we performed an evaluation of eyesight and hearing and lectured. (Nurse 03) are collaborating on issues by checking the visual acuity of students in the school, the issue of issues related to drugs, all that we already do. (Nurse 04) We can identify cases and provide a referral to the ophthalmologist to be attended by the specialist. In oral health in the same way […] (Nurse 05)

In this perspective, it is realized that the training of primary care professionals becomes a necessary step for the success of the PSE to provide knowledge about this new work proposal, which requires an understanding of the inter-ministerial policy and the recognition of its scope to the achievement of its objectives, to ensure health and comprehensive education of children, adolescents, young adults and the public school system.

The work under the inter-ministerial logic suggests that healthcare professionals recognize the importance of PES implementation to promote the health of schoolchildren. Therefore, it is essential to establish a regular and permanent visit to schools that are part of this program to assess health conditions, intervening in the needs and monitor these students throughout the school year.11

Factors that interfere with the practices of the PSE

Public policies in Brazil are still fragmented and disjointed with other sectors,10 which
makes proposals for the cross-sectoral subject of much resistance, even being recognized that people's needs are complex and require joint action by multiple sectors.

The PSE as a cross-sectoral policy, emerging as a strategy to facilitate a rapprochement between the school and the health unit, but its implementation still faces problems that need more attention from governments at all three levels of management.

As regards the implementation of program activities, the nurses reported that the units already have a work overload and the program adds more functions to be performed by the same, as noted in the following speeches:

*We said it at first, why? Because of the heavy workload. We have a lot of regencies and essential assignment; we did not see conditions to be given a number of children. The workload is very large.* (Nurse 01)

*We assume the unity of management, run out of units sometimes cause a loss in the routine of these units. We have difficulty, we schedule to attend at the school 9 am, and we cannot get out of the unit before 9 am by demand, the demands that happen every day, demands at unexpected times.* (Nurse 05)

Health strategy of the few professional categories family was ordered to form the minimum teamwork and nurses as a privileged class, is responsible for performing management activities, assistance, research and education both within the unit, as in territorial scope. With the creation of the PES, it was also responsible for conducting the clinical and psychosocial evaluation of school; monitor, inform, guide and assess anthropometric measures of school, staff, and faculty; in addition to other functions recommended by the national policy of primary care.3

*Health in school is totally dedicated to the team, it is usually more to the nurse, brings a very large overhead, we already have an overload in the service, in the routine of the unit and when we got this program, just when it started, we thought more one thing for us to do; does not fail to really bring an overload, feed the health system in the school brought some […] Let me see how I can say […] Work! Shall we say, brought a charge, plus a charge for us.* (Nurse 02)

On the lines of the nurses, it is clear that there must be careful so that the burden does not impede the proposals of the PSE, making this unintegrated policy, in which the teacher meets the demands of the students in the school environment and when such demands flee their control, forward these school health services, making disjointed actions, which, nurse and teacher, do their work independently of each other.13 In addition, difficulties related to municipal management also appeared in the reports of some nurses, pointing to the continuity of infeasibility of the program's actions when necessary to overcome the walls of the health facility or school environment, for example, conducting referrals to services specialized, as revealed following talks:

[…] I see a chance of success since they can be ophthalmologic consultations, isn’t it? If you have a hand and offer working conditions, the expectation is good (Nurse 01).

It is worth noting that the support of managers is of paramount importance to develop better resolution of the proposals of the PSE, to contribute to improving the quality of education and health of students. Thus, the commitments agreed between both sectors should be consolidated and implemented as sets policy.14

Another factor pointed out by nurses as a constraint to the development of PES actions was the lack of partnership with parents of school children, as shown by the following speech:

[…] But as I imagined, we just went into some problems, for example SUS card, we needed the SUS card all children, and almost 80% had no SUS card, besides the difficulty meeting with parents […] (Nurse 01)

The partnership with parents for PSE implementation is essential. It includes a valuable strategy for the continuity of the actions of this program in the family environment. Moreover, parents act as coadjuvant important in the identification of high-risk behaviors and identify possible solutions. Thus, the work overload, excessive bureaucracy, management problems, lack of human resources and parental estrangement can make PSE more limited policy to paper without implementation in practice or contribute to the program is something focused on lectures and distributing pamphlets.13

It is noteworthy that some nurses pointed out that the Enhancement Program of Primary Care (PROVAB) facilitated the development of PSE activities because the nurses hired under this program performed the health actions at school as well as students of some institutions top also did, helping to reduce the burden of their duties.

[…] In the case of our unit, the aid that we see with the PROVAB has helped a lot, but without this assistance, the program may not give an account of all actions of the program. (Nurse 05)

[…] they hired nurses PROVAB if I am not mistaken is performing to the PSE. Ready! Then I thought gladly because the girls […] their time was devoted to the PSE, they could...
treat studies, accompany the children, and I was always giving consideration [...] so that there was an agreement that we did with the girls of the PSE. (Nurse 01)

 [...] Initially, we enlisted the help of some nurses PROVAB. Sometimes we get some partnerships with students, some institutions that collaborate with us. (Nurse 02)

**Perspectives on the program**

The perspectives of nurses about PSE will meet with the difficulties identified. As pointed out by some of those professionals that minimize these problems, the program as a great proposal, able to promote change, solvability and positively impact the lives of children, adolescents, and young people, converging on comprehensiveness in health care.

 [...] It depends on the municipality's intention, if the intention is for me the PSF do this, my expectation is not good because it will not work, will not work [...]. However, to offer working conditions and support, the expectation is good. Because the goal of the program is great. (Nurse 01)

 [...] Expectations are basically that we can change lifestyle habits, we can intervene, even in the health-disease process of these schools. (Nurse 02)

It is known that factors arising from social, personality and behavior of children and adolescents are vulnerable to several factors of risk, standing between them, the adolescence pregnancy. 15 In our context, the sexual practice has been increasingly early and often this sexual activity is unprotected manner, resulting in unplanned pregnancy and its possible consequences. 16

The PSE has also been pointed as an ally to change this sad reality, presented the potential to intervene on the school sexuality issues through guidance, aiming to provide them with sufficient knowledge, helping them to decide on their reproductive life.

I think it is very important. First, we see so many teenagers [...] starting with pregnant teenagers. We do not teach anyone anything, so we guide, explains. Was a teenager here, which for me was more garish, arrived wanting family planning. I asked, You want what? For me give you an injection. She replied: "no, I pill" But my daughter you will get pregnant! She: "No, how does the pill?" Then I showed, you are seeing that day is here? She: "I can read not." However, my daughter you want to take the pill without knowing how to read? For God's sake do not do it not, you will get pregnant if you do not get the disease. Do condoms not want it? My daughter is going to study, go to school. Moreover, she: "Oh I will, I will." Enough hurts the heart [...] (Nurse 03)

In this sense, it is realized the value attributed by nurses to the program, viewing it as an important strategy to be intervening in the health-disease process, promoting changes in healthier habits and behaviors, while minimizing the social vulnerability of these children. On the other hand, it was also possible to identify that, in the current context, before all the problems pointed out, the PSE will be no more a political unsuccessful. Professionals need to understand the purpose of the program to contribute to addressing the emerging problems in the school community.

 [...] In our case we have until age 16 or 17, we meet from the text a teaching the basics. So there are quite different ages, very different phases, so to program actions according to each age creates uniqueness too; is a program that we understand what's important. (Nurse 05)

One of the PSE attributes is the appreciation of the individual’s uniqueness, which concerns to the success of health work, seeking to contemplate the demands of the particular way, which is configured as an indispensable element to attract the actors involved in the process. Therefore, professionals who work in this perspective tend to develop work on a consolidated basis, as they seek other ways to take care of the patient, in particular through engagement with other social sectors to promote the integrity of their actions.

**CONCLUSION**

It was noted that some nurses working in the ESF on the PSE understood that refers to a cross-sectoral policy MS and MEC, which had limited idea, standing in the speeches, the program's operational focus is exclusively on the health of children public schools.

Besides the nurses’ knowledge of limitation on the program, weaknesses were highlighted which hinder the development of PSE actions, such as work overload in the ESF, the problems related to municipal management and the lack of partnership with parents, making it impossible to effectively the Program. On the other hand, despite all the difficulties, it was observed that they view the PSE as a proposal able to redirect the lives of children, adolescents, and young people to converge on the scope of health comprehensiveness.

Thus, it is understood the need for training of nurses to carry out the activities proposed by the program. Furthermore, it emphasizes the importance of planning between the sectors of health and education to enter the PSE in the schedule of activities.

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The perception of family health strategy...
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