The performance of the physical education professional in public health in Santa Catarina

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ABSTRACT
This study aimed to analyze the performance of the Physical Education Professional (PEF) and identify which actions they develop in public health in Santa Catarina, as well as what are the difficulties and facilities of the performance. The present research is characterized as a mixed (QUAL>QUAN) and exploratory research model. Participated in the research 35 PEF that work in public health in the State of Santa Catarina. The research instrument used was a questionnaire developed by the researchers and made available via Google Forms®. This instrument is composed of 9 questions, of which 2 are open and 7 are mixed, forming two broad categories of analysis: "aspects of professional performance" (questions 1 to 6) and "training" (questions 7 to 9). The collected data were analyzed through descriptive statistics, organized in a Microsoft Excel® for Windows® spreadsheet. The statistical treatment was performed through the MAXQDA® software, version 2022, for qualitative data analysis. The results show that there is a predominance of performance in exercise programs with the population (FA-33/FR-94.28%), with the main difficulty being the lack of adequate environment for practice (FA-27/FR77.14%) and the main ease the respect and interaction between the professionals of the multidisciplinary team (FA-26/FR 74.28%), it was also possible to verify the understanding of the role of the PEF, characterized by health promotion based on prevention with the practice of physical activity (Figure 3). The findings also show that the professionals consider their incipient training for the work (FA-27/FR-77.14%), as well as presenting the undergraduate disciplines that most contributed to the performance in the context of public health (figure 4). It is concluded that the PEF inserted in public health in Santa Catarina work by developing physical exercise programs in health prevention, being able to identify their facilities, being mainly the respect and rapport between the professionals of the team, and also the difficulties, characterized by the lack of adequate environments for the performance.

Keywords: Public health, Physical Education Professional (PEF), Unified Health System.

1 INTRODUCTION

The insertion of the physical education professional (PEF) in public health was facilitated and regulated after the creation of the Family Health Support Center (NASF) in 2008.[1] It underwent a structural and financing modification in 2017,2 being called the Extended Center for Family Health-Primary Care (NASF-AB). However, the objective of expanding the scope and scope of primary care actions was maintained, seeking the full integrality of the physical and mental care of the population.

Although the PEF was recognized as a health professional in 1997,3 its insertion within this vast field of action is still considered incipient today.

The PEF is responsible for stimulating a new lifestyle of the population, aiming at improving health. Since it is the responsibility of the PEF to carry out activities that generate positive changes in the physiological, psychological and social spheres of the population.[4] The performance of the PEF in the NASF is restricted only to conducting incentive programs and practice of physical activities and exercises, this practice is essential in public health, since staying physically active brings several health benefits.[5]

On the other hand, the PEF could contribute with other innovative actions and practices, which can favor the needs of the population. Such as health education that concerns to promote knowledge of ways to acquire healthy habits, for the improvement of health and quality of life, making the user (population) an active participant in the health-disease process.[6]

This scarcity of PEF in public health is still common today, even though we are aware of its importance in health promotion. The southern regions of Brazil are considered one of the regions with the highest rate of PEF working in public health, with an average of only 3.30 professionals per 100,000 inhabitants.[7]

The role of the PEF in public health, even though the insertion is still recent, is very well grounded in theory, but in practice there is still not much knowledge, both by the population and by the academics of the health area themselves. In view of the above, the objective of this study is to analyze the performance of the PEF and identify the actions developed in public health in Santa Catarina, as well as the difficulties and facilities of the action.

2 METHODOLOGY

This study is characterized as a mixed (QUAL>QUAN) and exploratory research model. Participated in the study 35 professionals of Physical Education inserted in public health.

The research instrument was developed by the researchers themselves and made available via *Google Forms*®. This instrument is composed of 9 questions, of which 2 are open and 7 are mixed, forming two broad categories of analysis: "aspects of professional performance" (questions 1 to 6) and "training" (questions 7 to 9), according to the supplementary material. In order to verify and consolidate the process of interaction between the interlocutors, in order to improve this tool, a pilot test was applied with 25 health professionals (physical education, nutrition, nursing, pharmacy and biological sciences) teachers.

As a distribution vehicle, the virtual medium was used through social networking applications such as *Whatsapp*®, Instagram® *and* Facebook®, as well as e-mail. For this, a search was carried out through the health departments of each city of the State (via e-mail and/or telephone contact), in

order to identify and contact the population investigated. Each secretariat acquired a different approach to reach the professionals, some sent directly to the study population and others granted a list of names and contacts for the authors to send the research instrument.

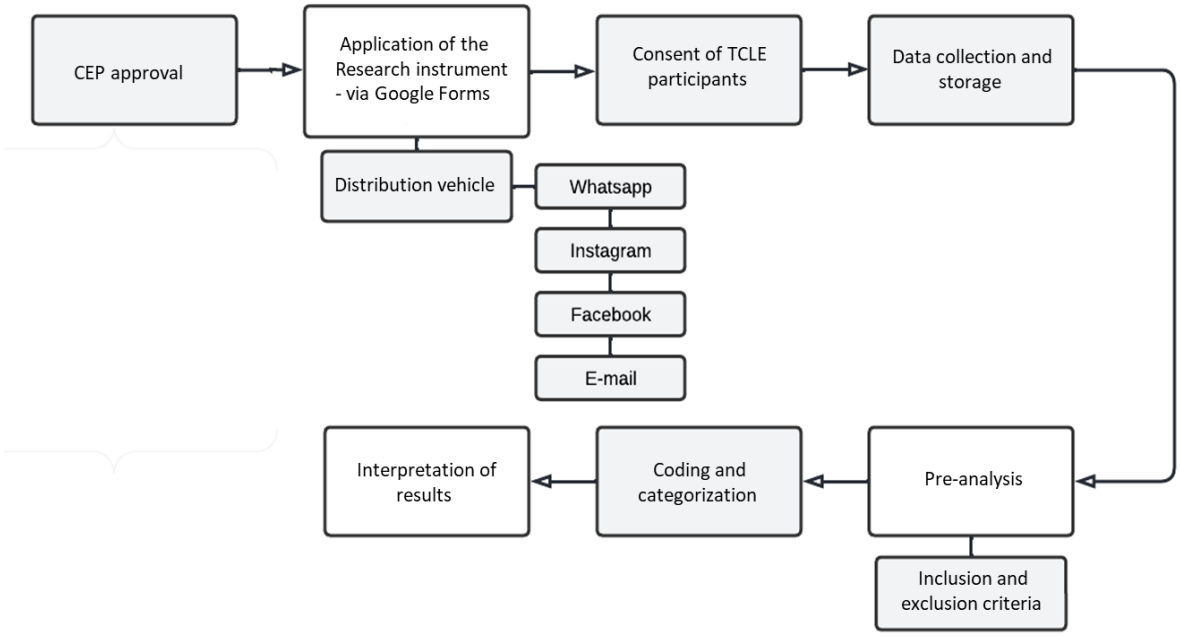
The tool began with an invitation to participate voluntarily, then the Term of Free and Informed Consent - ICF, preceding the research questions, which for access, it was necessary to consent to participation, that is, only after agreement with the ICF. The average response time was approximately 10 minutes, being of rapid reading and comprehension. Only the data from the questionnaires that were answered adequately, in a complete way, were used, and the others were excluded.

Data were collected from May to August 2022, and stored in a database using *Microsoft Excel® for Windows®10*.

Descriptive statistics were used with measures of central tendency (mean), measures of dispersion (standard deviation) and frequency (absolute and relative). The statistical treatment was performed through the *MAXQDA® software*, version 2022, for qualitative data analysis. The inference technique is based on the content analysis proposed by Laurence Bardin,8 comprising the stages of pre-analysis, coding and categorization, and interpretation of the results. Figure 1 briefly presents the methodological planning of the present study.

This research was submitted to and approved by the Research Ethics Committee of the Universidade da Região de Joinville/SC - UNIVILLE - CEP, according to the Resolution of the National Health Council for research with human beings, obtaining a favorable opinion for its execution, under opinion number 5,147,667.

Figure 1: Methodological Planning Flowchart



Source: Prepared by the author.

3 FINDINGS

The study sample was composed of 35 physical education professionals working in public health, 21 (60%) women and 14 (40%) men. Table 1 shows the characteristics of the study population.

Table 1 - Characteristics of the study population

Tabela 1 - Características da população de estudo.

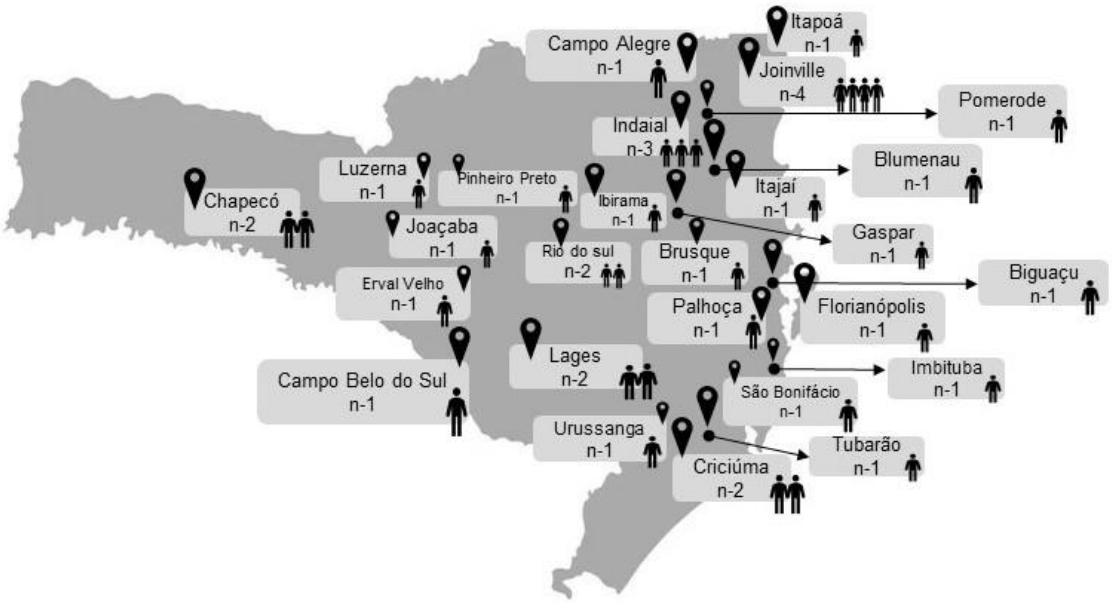
Variáveis		
Amostra (n-35)		
Masculino	14(FA)	40(FR)
Feminino	21(FA)	60(FR)
Idade (anos)	38,37(X̄)	8,55(SD)
CH Semanal	38,11(X̄)	6,12(SD)
Tempo de Atuação		
Menos de 1 ano	3(FA)	8,57(FR)
Entre 1 e 5 anos	14(FA)	40(FR)
Entre 5 e 10 anos	9(FA)	25,71(FR)
Mais de 10 anos	9(FA)	25,71(FR)
Formação		
ES Completo	8(FA)	22,85(FR)
Especialização	24(FA)	68,57(FR)
Mestrado	3(FA)	8,57(FR)

Legenda: FA-frequência absoluta; FR-frequência relativa%; X̄-média; SD-desvio padrão; CH Semanal- carga horaria semanal; ES Completo- ensino superior completo;

Legend: AF- absolute frequency; FR- relative frequency %: X-mean; SD-standard deviation; CH-Weekly-weekly workload; ES-Complete higher education;

Figure 2 shows the scope of the present study in the state of Santa Catarina, identifying the number of respondents by region and city. Thus, it is possible to verify the predominance of participations in the region of Vale do Itajaí with 30.8% of the population investigated, followed by the West region with 19.2%, just after the South and East regions both with 15.4%, the North region with 11.5% and finally the region of Planalto Serrano with 7.7%.

Figure 2: Perimeter of coverage of the study population.



Source: Prepared by the author. (2022)

The results from the content analysis were organized with reference to the categories ("aspects of professional performance" and "training"), as well as the format of the questions (open or mixed). Starting with the data obtained with the open questions (questions 1 and 8), it is possible to verify in question 1 (after the coding process) referring to the category of "aspects of professional performance", the prevalence of four words in the answers of the participants, evidenced by the absolute frequency (AF) and relative frequency (RF), considering the number of occurrences. Figure 3 summarizes this finding through the technique - Word Cloud, highlighting the most frequent word in proportion, followed by the others: "Health" FA-18/FR-51.43%; "Prevention" FA-9/FR-25.71%; "Activity" FA-9/FR-25.71%; and "Physics" FA-7/FR-20%.

Figure 3: Analysis of question 1 through the word cloud technique.

Source: *MAXQDA® Software*, version 2022.

Figure 4 presents the results of question 8 related to the category "training", presenting the predominance of the words: "Physiology" FA-12/FR-34.28%; "Special Groups" FA-8/FR-22.85%; "Anatomy" FA-5/FR-14.28%; and "Gymnastics" FA-5/FR-14.28%; according to the number of occurrences in the responses of the research participants.

Figure 4: Analysis of question 8 through the word cloud technique.

Source: *MAXQDA® Software*, version 2022.

In relation to the data obtained with the mixed questions, we can highlight in the category "aspects of professional performance", the predominance of the interest of professionals in public health (FA-26/FR-74.28%, question 2); the prevalence of responses aimed at the application of

physical exercise programs with the population (FA-33/FR-94.28%, question 3); the higher occurrence of responses to the lack of adequate environments (FA-27/FR-77.14%, question 4); the predominance of respect and interaction with the professionals of the multidisciplinary team (FA-26/FR-74.28%, question 5); and the prevalence of lack of opportunity (FA-19/FR-54.28%, question 6). For the category "training", the data show the predominance of responses to the incipient training provided by the graduation (FA-27/FR-77.14%, question 7); and the unanimity of the answers to the agreement of the importance of continuing education for the performance in public health (FA-35/FR-100%, question 9).

4 DISCUSSION

The present study aimed to analyze the performance of the PEF and identify the actions developed in public health in Santa Catarina, as well as the difficulties and facilities of the action.

Thus, through the analysis of the results, it is possible to observe that the PEF that participated in this research are inserted in public health throughout the State of Santa Catarina, so the study reached at least two PEF from each region of the State, allowing to have an overview of the performance of these professionals throughout the territorial perimeter.

However, even with the historical dissociation of Physical Education and public health [policies,9] making it very difficult to introduce this field of action, Bandeira et al.,[10] point out that there has been an exponential increase in the insertion of PEF in public health since 2013. This fact corroborates one of the characteristics of the respondents of the present study, because it is a predominantly experienced sample group in their area of expertise.

When the aspects of professional performance were analyzed, the words that most represent the role of the PEF within public health were identified, Figure 3 shows that professionals understand as their responsibility the promotion of health from prevention with the practice of physical activity. The study by Valle et al.,[11] corroborates the findings of the present study, where the authors were able to analyze that the PEF in their sphere of attributions in public health, perform various physical activities with the population, such as gymnastics, dance, recreational activities and games. However, over the years it is seen an evolution of the performance and responsibility of the PEF within public health, with this the Ministry of Health published an ordinance No. 15 12 with new attributions to the PEF, which makes it responsible to perform various activities, beyond only the practice of physical activity. In this context, Ferreira; Kirk and [Drigo,13] show that the performance of the PEF goes beyond just the promotion of physical activity, overcoming the biomedical model of care, where it is centered only on the disease and its treatment, it is necessary that the PEF act in a more humanized way, contributing to the construction of new healthy lifestyle habits.

In relation to the difficulties and the ease of action, with the analysis of the results it was evidenced that the lack of adequate environments is the main difficulty. In agreement, Oliveira et al.,[14] show that the lack of infrastructure and material is cited in several studies as the greatest obstacle to professional performance. Valle et al.,[11] also highlight that the greatest difficulty found in public health work is in the infrastructure and lack of materials to develop the activities. As the main ease of action, they mentioned respect and interaction with the professionals of the multidisciplinary team. In contrast, Castro et al.[15] cites the commitment of the population with the activities and therapies performed as the main facility, the authors bring the team as a difficulty due to the paradigms regarding the possibilities of action. Melo et al.[16] highlights that multidisciplinary teamwork can be considered an ease and at the same time a difficulty, because it favors care by articulating knowledge and sharing actions among professionals, as well as there is still a difficulty in recognizing the capacities of certain professions to work in public health.

Some Universities/colleges are directing and inserting the academic of physical education in public health, but it is still very inefficient, due to the lack of recognition of the importance of the performance of this professional in this area.[17] Even with new internship and residency programs in the area of public health, Dutra and Knuth18 highlight that the trainee and/or resident of physical education still needs to fight for their space, creating strategies of action, investigating new perspectives and, mainly, knowing the context that relates physical education with the field of public health. This fact solidifies the findings of this research in relation to the reasons for the insufficient presence of this professional in public health (question 6), in which the respondents predominantly opted for the lack of opportunity.

In the training category, when asked about graduation, most of the PEF answered that the training was incipient to work in public health, given the gaps that still exist today. According to Souza Filho et al.,[19] the weakened formation of the PEF can generate limitations in health care, due to insufficient knowledge. Barboni and Carvalho,[20] mention that the formation of the PEF should be adapted to the needs of action in public health, the theoretical-practical training should include interdisciplinary actions, together with the other courses in the health area, focused on collective health.

Figure 4 shows the disciplines that most contributed to public health activities according to the sample of the present study. Thus, it is possible to observe that they are basic and common disciplines of the health area, without a proximity to public health specifically. In this sense, Souza Filho et al.[19] emphasize that the formation of the PEF should contain themes such as health policy and program, primary care, collective health, among other themes aimed at consolidating the performance of this professional in public health.

Regarding continuing education, the responses of the participants were unanimous for the importance of improving to work in public health. With this, permanent and continuing education in

health should be present in the career of the PEF who work in public health, given the assumption that their training is still shallow in this area, these professionals should increasingly seek knowledge so that their performance turns to a caregiving practice, directed to integral care from the broad concept of health. [21st]

The present study presents limitations in the representativeness of the sample, considering that the research reached only 26 (8.8%) municipalities in the State of Santa Catarina, considering that the state has 295 municipalities in its totality. In view of this, the results obtained in this research represent only the referred group investigated.

The difficulty of access to professionals, as well as their engagement in dedicating a small portion of their time to contribute to the objective of this study, reflects the difficulty imposed by the research model.

And as a strong point, we can highlight the methodological rigor, with the application of a pilot test for the detailed collection of information that reflects the outcome investigated.

5 CONCLUSION

Therefore, it was possible to conclude that the PEF inserted in public health in Santa Catarina act in a multidisciplinary way together with the population developing physical exercise programs in health prevention, being able to identify their facilities, being mainly the respect and rapport between the professionals of the team, and also the difficulties, characterized by the lack of adequate environments for the performance.

As well, this study evidenced the importance and need to strengthen the training of this professional so that it is possible to meet the new demands of this field of action, enabling the approximation of physical education with the context of public health.

As a suggestion, it is necessary that new studies on the subject be carried out with more professionals, also bringing other aspects of insertion and performance in this field. The development of new research can facilitate interest, knowledge and even reduce the existing distance between physical education and public health.

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