

## THE NURSE'S ACTIVITIES IN SCHOOL SPACES

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## ABSTRACT

**Objective:** to understand the role of nurses in school spaces. The research population was composed of nine registered nurses in the Primary Care Network of a municipality in the Northeast Region of Brazil. **Methods:** a qualitative, exploratory and descriptive study. The contact with the participating nurses was accomplished through a semi-structured individual interview, applied in an in-depth way. The content was analyzed in three steps: pre-analysis, material exploration and treatment of the obtained results and possible interpretations. **Results:** it was identified that health work in schools was carried out sporadically between the health and education sectors, and there was difficulty related to the resistance of the school's management to receiving health professionals; as opposed to the timetable between the functioning of the basic unit of health and some schools in the night shift; the structure of some schools, absence of guidance from the school that is unaware of the existence of available health staff to carry out actions in schools, among others. **Conclusion:** the training of health professionals and education is necessary, as a way to develop differentiated skills to carry out actions essential to the Family Health Strategy.

**Keywords:** Nursing. School health services. Health promotion.

## INTRODUCTION

The nurse, as a professional that develops health actions with the individual, the family and the community, cannot limit the assistance to specific spaces of health, such as health centers and hospitals. It is essential that the latter's function is developed in the social context, independent of physical structure, that allows the articulation between the knowledge of all those involved and enables the collective construction of knowledge that interferes directly and positively in the health-disease process.

Among the social spaces in which health work needs to be developed is the school, a place of reference for community, in which access to information is promoted and the construction of social responses capable of participation of the individuals in the pursuit of healthier lives, thus the exercise of citizenship. In this way, school is an ideal place for health education, in which diseases can be identified, disease prevention and

stimulated healthy behaviors since the beginning of school years<sup>(1)</sup>.

However, it can be affirmed that nursing performance in school environment needs to be changed, since performance has been observed through punctual and decontextualized interventions, in face of the proposals required to carry out health promotion and education activities in schools. In this context, it can be seen that the Latin American scenario reveals the persistence of actions centralized in the disease and the respective modes of transmission, strategies of screening and construction of epidemiological profiles and educational activities related to the transmission of knowledge on prevention, hygiene and first aid. Regarding the interventions performed, in general, the activities developed are related to clinical, ophthalmological, odontological, nutritional, auditory/speech-language evaluation<sup>(2)</sup>.

From this perspective, a hygienist concept of health promotion predominates, which indicates that it is necessary to move forward

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in the scope of nursing care practices that re-signify a school as a scenario of health promotion in a field that considers this space in its potential for the production of citizenship and change in the determinants of ways of living<sup>(3)</sup>.

In this sense, the role of nurses in school spaces, as a key tool for the development of health actions, is a valuable resource, since collaboration between nurses, health educators, administration and school council would facilitate a potential program in health education. In an ideal school, administrators, educators, nurses, parents and students work together as partners in school health planning and evaluation<sup>(4)</sup>.

In the context of the interaction between the nurses' performance and the school, the research questions emerged: how is the performance of nurses in schools developed? What are the actions performed by nurses in school spaces?

Thus, when considering the relevance and necessity of health actions in the school context, the research aimed to understand the role of nurses in school spaces.

## METHODOLOGY

It is a qualitative, exploratory and descriptive study, carried out in the Basic Attention Network of a municipality in the Northeast Region of Brazil, from December 2014 to January 2015. Qualitative research is the interpretation of phenomena and the attribution of meanings. The process of how phenomena occur and the description of their meaning are the main focuses of this approach. The descriptive research aims at describing the characteristics of a given population or phenomenon, the exploratory one, aiming at greater familiarity with the problem, making it explicit, as well as the construction of hypotheses involving interviews with people who had practical experiences with the problem researched<sup>(5)</sup>.

Although the object of the research is directly related to the school space, it was decided to choose the Basic Attention Network as the locus of the study, specifically the Basic Health Units (UBS), through the Family

Health Strategy (ESF), where nurses are registered, thus facilitating the rapprochement of the researcher with the participants.

Registered nurses participated in the study. The criteria for inclusion of this research were established, considering that the participating nurse should perform a role in the assistance area registered at the FHS of the study's host city; should hold the position for a year or more, in order to interview those with greater experience in the service and knowledge of the local reality; and finally, to perform nursing actions in school spaces.

As a data production tool, a semi-structured individual interview was used, in a thorough manner, with the use of a voice recorder, authorized by the participants, and a script with guiding questions about the subject under study. In addition to the speech, the elements of non-verbal and verbal communication were also considered and recorded in field diaries as the interview progressed. The meetings had an average duration of 35 minutes, were conducted by the researcher responsible for data collection, and in a place reserved only the participant and the researcher. Afterwards, the interviews were transcribed in full and submitted to the analysis. It was sought the understanding of the meanings and the unveiling of relations established, in addition to the speeches<sup>(6-7)</sup>.

The content was analyzed in three stages, according to the thematic content analysis of Bardin. The first comes from the pre-analysis, instituted through the floating reading of the material. The next phase was established by the exploitation of the material, which consisted of the definition of categories and the condensation of information. The last phase consisted in the treatment of the obtained results and possible interpretations<sup>(6)</sup>.

The field stage and analysis of the statements occurred simultaneously, so that, upon reaching the essential meanings, that is, the structures that revealed the scope of the study goal, the interviews were closed.

The study was approved by the Ethics and Research Committee of the Federal University of Piauí (UFPI), according to opinion n°887,412. The accomplishment obeyed the requirements established in Resolution 466/12

of the National Health Council<sup>(8)</sup>. The anonymity of the participants was guaranteed through the use of codes. As a result, participants were assigned a code consisting of the letter E, followed by the Arabic number corresponding to the order of the interviews (E1, E2, E3 ... E9). The participants signed the Informed Consent Term.

## RESULTS AND DISCUSSION

Nine nurses who worked in the welfare area of the FHS participated in the study. The women interviewed were between 25 and 38 years-old and, in terms of marital status, most participants reported they are married. Regarding the place of work, of the nine nurses participating, seven had a role in the UBS of the urban zone and two in the rural area. The national literature reveals that the majority of nurses working in Primary Care are female (85.1%) and, in the majority, young people, in the age range of 26 to 35 (35.9%)<sup>(9)</sup>.

In addition to the role of primary care nurse, the interviewees reported that they performed functions in the hospital, emergency and emergency, maternity, and were teachers and/or preceptors. The duplicity of employment relationships present in the nursing profession is related to the precarious subsistence, underemployment and work over load conditions in various sectors of activity (public, private and philanthropic). It can be affirmed that the low salaries combined with the extenuating days of work declared by the professionals do not reflect and do not correspond to the importance and essentiality of the nursing work in the society. In addition, they make it difficult for the profession to fulfill complicity and safety, which may interfere in the stimulus for the development of activities with quality and efficiency in school spaces<sup>(10)</sup>.

From the reports about nurses' work in school spaces, the following categories emerged: Factors that hinder the adequate performance of health actions in schools, Activities developed by nurses in school spaces and contributions of academic training to work in school spaces.

### Factors that hinder the process of health actions in schools

This category of research refers to the affirmations of participating professionals as to the factors that hinder educational approaches in the school environment. Part of the participants reported the resistance of professionals working in schools to receive the health team to develop these actions:

Not in all schools, but some of the difficulties are the school's professionals, because they do not understand the importance [...] (E1).

The school principals are highly resilient, some do, some do not do, but most are tough, they do not want to. At the time of scoring, they think it is not necessary, they think they do not need to take a test time, a class time and they think it is not important (E6).

In the statements, the distance education and health sectors are perceived, considering the school's non-receptivity to health education activities. It is evidenced that there is low appropriation of the concept of intersectoriality, demonstrated only by the possibility of opening the field for the insertion of the nurse. Nevertheless, the nurse recognizes the importance of working together and partnership, in order to achieve better results at this juncture. The findings allow us reflecting that the actions developed are strongly attributed only to the health sector. The participation of the education sector is considered as resilient and superficial, which significantly restricts the potential of school performance, especially regarding the perspective of health promotion and the development of citizenship among schoolchildren<sup>(11)</sup>.

It was evidenced that there was not adequate training of professionals for the performance of actions in schools, and that the municipal coordination of the School Health Program (PSE) requested satisfactory results, but there was little investment to carry out health education actions in school spaces:

[...] When they are claimed by the state or some superior entity, to reach goals, they [the municipal coordination of the PSE] only call the people and pass on the charge. I do not see much commitment of them in giving us support

to produce with quality ... there are no courses, formations, a preparation even to help us in carrying out the actions ... there are only claim, claim, claim (E5).

A considerable part of the professionals who work in the management of the ESF and other ministerial programs, such as the PSE, still maintains a vertical position, that is, hierarchical to deal with essential matters of the work process, and the activities in these programs are still little done, making the permanent training for the professionals who work in the school, the need to hire professionals from different backgrounds, with a profile and competence for health promotion actions required to carry out these actions<sup>(12)</sup>.

The efficiency of the implementation of nursing education programs in school spaces can be proven, since nurses play an important and fundamental role in schools, contributing to the health education process, as well as performing essential role in the orientation and mobilization of society about health promotion and prevention in the school environment<sup>(13)</sup>.

The shortage of material resources, such as multimedia devices, folders, snacks, among others, has become another factor that hinders the work of the ESF nurse in school approaches.

The lack of material resources, sometimes you want to do a beautiful lecture with everything, or use the Datashow, something more different [...] to involve the child more in context, we do not have this availability, and we have difficulty, even in the question also of the supply of snacks at the moment of the lectures (E4).

The greatest difficulty is in the case of material resources, that we do not have this availability (E7).

From this context, one perceives the need to change in the circumstances in which health education activities are being developed. The shortage of material and financial resources, the absence of stimulus on the part of the management make difficult the activities of implantation of the Health Program in the School, being necessary of more incentive, so that the activities have more satisfactory results<sup>(14)</sup>.

### Activities developed by nurses in school spaces

Nursing, when they act in the school context, brings integrated strategies of prevention and health promotion, through the approximation between Primary Health Care and schools, which implies an approach that considers context and recognition of the school community in the diversity as subjects of knowledge. Partnerships and inter-sectoral actions are most effective when they meet and dialogue with the plurality of actors involved and interested in this process. Therefore, it is necessary to incorporate other spaces that not only the physical area of health units as a way to broaden the scope of health education actions within schools<sup>(15)</sup>.

The subcategories of this analysis were constructed based on the sense nuclei extracted from the participants' discourses and on the one proposed by the PSE. Those activities not included in the program, but which were mentioned, were also subcategory of analysis. Thus, preventive actions (referred to as lectures in general) and hygienists stand out.

#### Preventive actions:

Educational lectures with different themes... Only preventive guidelines, on various topics, we try not to be repetitive, not do the same thing, always talk about something different (E1).

Health promotion, prevention activities (E3).

Lectures (E8).

#### Regarding the hygienist theme:

Personal hygiene, verminoses (E2).

Verminose, among other subjects that we have been working on (E3)

Educational activities, which relates to self-care, hygiene (E4).

[...] questions on hygiene, control of verminoses, with the support of the multi-professional team we do screening actions (E9).

It is understood that this more focused approach to lectures, with a focus on hygienic aspects and personal care, and this frequent reference to the term prevention are based on

the professional training process of nurses and health professionals in general.

The actions aimed at health education, despite the advances of this debate, still express hygienist vision, marked by the biomedical model, centered on means of overcoming the diseases, without considering the multiple needs that involve health in its expanded concept, which run through the daily life of individuals, based on multiple-minded discourse and centered on health perception that incorporates the concept of health promotion in public health, extending it to the school environment<sup>(16)</sup>.

In an incipient attempt to carry out a situational diagnosis and, based on this strategy, to build planning for interventions, some nurses would refer to developing activities in school spaces according to the demand and request of the schools:

Sometimes, we expect that in school we know what we need more, make this search for us to adapt what we have to offer. What the teachers, the principal, the coordinators check, what is lacking (E1).

[...] or activities that the school requests ... And there is also the point that I was explaining to you, when the school asks for it, ask for a lecture, ask for some clarification [...] (E5).

The activities related to clinical and nutritional assessment were also mentioned, although in less expression and detail:

Nutrition assessment, healthy eating [...] that there is some change, he makes the nutritional assessment, and we send these children to health unit to be accompanied, the issue of overweight, low weight and obesity (E7).

Periodic clinical evaluations are designed to identify specific risk groups or to seek different strategies for the purpose of some intervention in terms of nutritional monitoring, dietary reeducation, including family, or high cardiovascular risk of these students to foster the physical and mental health at every stage of the school's life, offering comprehensive care according to the health needs detected<sup>(17)</sup>.

Strategies related to immunization and sexuality were also mentioned as targets of the activities developed by nurses at school:

We provide vaccination, we had the HPV

campaign a little time ago, and when we provide this vaccination at school, we take advantage of it and give the educational lecture [...] (E7).

[...] verification of the vaccine card (E9).

[...] DST [...] prevention of teenage pregnancy (E6).

STD, the issue of sexuality (E8).

Vaccination actions should be widely provided and discussed in the school community, especially among adolescents and guardians, and official communication should be addressed to those responsible for the students with formal proof of authorization from them. Similarly, activities on issues involving sexuality, deconstruction of myths, presentation of epidemiological data on STD/HIV/AIDS and viral hepatitis, data on teenage pregnancy, legal frameworks on sexual and reproductive rights of adolescents and young people are essential for promotion and prevention of health in this group specifically and deserve prominence in the school environment<sup>(18)</sup>.

The transformation of school into sustainable, healthy and secure educational spaces should reflect that this process is flexible, suited to the biome and the characteristics of the region, and including the participation of various actors, to encompass environmental, cultural and social diversities and economic, social vulnerability and difficult access areas<sup>(18)</sup>.

### **Contributions of the academic formation to work in school spaces**

Regarding the statements regarding the guiding question about the contributions of the academic formation to the performance of health activities in the schools, the interviewees affirmed to have made positive contributions. They referred to the disciplines focused on health education, collective health, health promotion activities carried out during the internships.

Certainly, in my academic life, in my experience, we worked very hard on this educational part in a kindergarten, elementary school, high school, dealing with various

subjects, and it was always nice, we always had a very good performance, I am trying to give continuity now in professional life, despite all the mishaps (E4).

At the time of my training, the PSE was not yet available, but we were instructed to conduct educational lectures related to vaccination, parasites, and personal hygiene of these children [...] (E7).

[...] the educational part, the whole study, the basis we had at the university, we are putting into practice now (E9).

Quality training for health and nursing care is essential; since it prepares the individual for articulation between theory and practice, in addition to sharpen critical and reflective vision. In order to achieve this goal, it is necessary to redefine the educational processes of the students' training processes, providing a curricular organization that contemplates pedagogical projects that allow changes to be made in the different scenarios<sup>(19)</sup>.

With regard to the transformation of professional practices and the organization of the work process, permanent health education constitutes a movement towards the advancement of the quality of services and working conditions, allying the principles of problematisation, the contextualization of reality, as well as innovative practices and reflective thinking. In addition, it must be perceived as a device to intercede changes, allowing those involved a process of self-analysis, as a possibility of growth to deal with the world<sup>(20)</sup>.

In spite of the challenges presented, there are evidences initiatives capable of pointing to effective and resolute action of health professionals, among them nurses, in the transformation of the school as a health promoter. A bibliographical review on the topic of school health in Latin America from articles published between 1995 and 2012 reflected the potentialities of its effectiveness as public policy and showed that, although reduced, some actions to promote practices

contextualized in the school stand out. In this sense, this research indicates feasible and promising proposals for the development of health promotion practices in school<sup>(2)</sup>.

## FINAL THOUGHTS

In the present study, the activities developed in the school environment were based on clinical evaluation, nutritional assessment, promotion of healthy eating, health evaluation, updating of the vaccination calendar, promotion of sexual and reproductive health, physical activity and health, promotion of the culture of peace in school, ministerial guidelines, school demand, lectures, in general, and hygienist, among other topics.

Regarding the main difficulties presented for the adequate performance of the actions in the school spaces, the following were the difficulties related to the resistance of the school's management in receiving health professionals, the time difference between the operation of the UBS and some schools, those related to the structure of In addition to the lack of material resources to carry out educational activities, one can infer the need to discuss the fragmentation of academic formation. About the contributions of academic training to nurses in school spaces, there is a need to discuss about the link between the disciplines, being necessary, then, to overcome the individual acts and, thus, to carry out activities that involve interdisciplinarity.

However, it is important to reconcile activities with other sectors, aiming to decentralize actions and facilitate their achievement. The training of health professionals and education is necessary, as a way to develop differentiated skills to carry out actions required for Basic Health Care. In addition, resource management should be oriented regarding the reality experienced for the implementation of the actions of the PSE.

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## ATUAÇÃO DE ENFERMEIROS EM ESPAÇOS ESCOLARES

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### RESUMO

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**Objetivo:** compreender a atuação de enfermeiros em espaços escolares. Compuseram a população da pesquisa nove enfermeiras cadastradas na Rede de Atenção Básica de município da Região Nordeste do Brasil. **Métodos:** estudo com abordagem qualitativa, do tipo exploratório e descritivo. O contato com as enfermeiras participantes foi efetivado por meio de entrevista individual semiestruturada, aplicada de modo aprofundado. O conteúdo foi analisado em três etapas: pré-análise, exploração do material e tratamento dos resultados obtidos e possíveis interpretações. **Resultados:** identificou-se que o trabalho de saúde nas escolas era realizado esporadicamente entre os setores de saúde e educação, existindo dificuldade relacionada à resistência da direção da escola em receber os profissionais de saúde; à diferença de horários entre o funcionamento da unidade básica de saúde e algumas escolas no turno da noite; à estrutura de algumas escolas, ausência de orientação da própria escola que desconhece a existência de equipe de saúde disponível para realizar ações nas escolas, entre outras. **Conclusão:** a capacitação dos profissionais da saúde e educação faz-se necessária, como forma de desenvolver habilidades diferenciadas para realização de ações essenciais à Estratégia Saúde da Família.

**Palavras-chave:** Enfermagem. Serviços de saúde escolar. Promoção da saúde.

## ACTUACIÓN DE ENFERMEROS EN ESPACIOS ESCOLARES

### RESUMEN

**Objetivo:** comprender la actuación de enfermeros en espacios escolares. Nueve enfermeras registradas en la Red de Atención Básica de municipio de la Región Nordeste de Brasil hicieron parte de la investigación. **Métodos:** estudio con abordaje cualitativo, del tipo exploratorio y descriptivo. El contacto con las enfermeras participantes fue hecho a través de entrevista individual semiestructurada, aplicada de modo profundizado. El contenido fue analizado en tres etapas: pre-análisis, exploración del material y tratamiento de los resultados obtenidos y posibles interpretaciones. **Resultados:** se identificó que el trabajo de salud en las escuelas era realizado esporádicamente entre los sectores de salud y educación, existiendo dificultad relacionada a la resistencia de la dirección de la escuela en recibir a los profesionales de salud; la diferencia de horarios entre el funcionamiento de la unidad básica de salud y algunas escuelas en el periodo nocturno; la estructura de algunas escuelas, ausencia de orientación de la propia escuela que desconoce la existencia del equipo de salud disponible para realizar acciones en las escuelas, entre otras. **Conclusión:** es necesaria la capacitación de los profesionales de la salud y educación, como forma de desarrollar habilidades diferenciadas para la realización de acciones esenciales a la Estrategia Salud de la Familia.

**Palabras clave:** Enfermería. Servicios de salud escolar. Promoción a la salud.

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