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Original Article

WORKING CONDITIONS, PLANNING AND TRAINING OF PHYSICAL EDUCATION PROFESSIONALS IN THE HEALTH ACADEMY PROGRAM IN GOIÁS

CONDIÇÕES DE TRABALHO, PLANEJAMENTO E FORMAÇÃO DE PROFISSIONAIS DE EDUCAÇÃO FÍSICA NO PROGRAMA ACADEMIA DA SAÚDE EM GOIÁS

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RESUMO

O objetivo central foi analisar as características das condições de trabalho, o processo de planejamento e a formação dos profissionais de educação física que atuam no Programa Academia da Saúde na região de saúde Central/GO. Estudo exploratório-descritivo, de abordagem qualitativa, envolveu aplicação de questionário *online* via *Google Forms* com 17 profissionais de educação física de 10 cidades no estado de Goiás na região escolhida. Os dados foram analisados segundo a técnica de Análise de Conteúdo, com emprego da análise temática e estatística descritiva simples. As condições de trabalho são precarizadas em virtude da baixa renumeração e da presença exacerbada de contratados e credenciados, refletindo no planejamento, na efetivação da educação permanente em saúde. A formação inicial centrada exclusivamente na dimensão biofisiológica fundamenta o processo de trabalho.

Palavras-chave: Educação Física. Planos e Programas de Saúde. Práticas Corporais. Saúde Pública. Saúde Coletiva.

ABSTRACT

The main objective was to analyze the characteristics of the working conditions, the planning process and the training of the physical education professionals who work in the Health Academy Program in the Central/GO health region. This is an exploratory-descriptive study with a qualitative approach, involving the application of an *online* questionnaire via *Google Forms* with 17 physical education professionals from 10 cities in the state of Goiás in the chosen region. The data was analyzed using the Content Analysis technique, using thematic analysis and simple descriptive statistics. Working conditions are precarious due to low salaries and the excessive presence of contracted and accredited staff, which is reflected in the planning and implementation of permanent health education. Initial training focused exclusively on the biophysiological dimension underpins the work process.

Keywords: Physical education. Health Plans and Programs. Body Practices. Public Health. Collective Health.

Introduction

The inclusion of Physical Education (PE) as a profession in public health services has been increasing. A recent study found that 9,759 Physical Education Professionals (PEF) work with users of different services in the Unified Health System (SUS)[1]. The disciplines focus on Body Practices/Physical Activities (PC/PA), but are not restricted to them, as the work involves other multidisciplinary activities coordinated by Primary Care. The working conditions, the planning of these actions and the influences of the initial and continuing education process of these professionals are aspects of extreme relevance for the implementation of the principles and objectives of the SUS.

In no scientific field has this topic been the focus of several studies[2-5] that have denounced the fragility of PE training for work in the SUS. For this set of studies, PEFs face (un)certainties, (ir)regularities and improvisation in a complex sector.

Investigations into the organization of education to meet the social demands generated by the insertion of this profession in the public sector were addressed by Guarda *et al*.[2], who found discrepancies between the profile required to work in the SUS and the training of PEFs in higher education. Therefore, demonstrating the need to overcome the biomedical model and

the demand for mastery of content, techniques and experiences in the field of Public Health (CH). On the other hand, Lima *et al.*[5], in a recent study, identified gaps in PE training for work in Primary Health Care (PHC) and indicated the context of post-training as fundamental to meet the demands and expectations for professional performance in the SUS.

The programs, projects and actions of the Ministry of Health (MS) are highlighted as spaces for intervention by PEFs. Among them, the Health Academy Program (PAS) considers people's lifestyles and not just behavioral changes[6]. Therefore, PC/AF, considered to strengthen lifestyles and health in general, are among the practices to be addressed by professionals in this program. They are, therefore, elements that reinforce comprehensive care and the promotion of the population's health.

The PAS adopts a broader concept of health and establishes as a starting point the recognition of the social, economic, political and cultural impact on human health[7] and, consequently, requires good working conditions, structured professional relationships, planning and theoretically grounded execution of PC/AF. All these aspects depend on initial and ongoing in-service training.

Some studies[2,8-14] on PAS and PE have sought to understand the difficulties and potential presented by these professionals in developing different actions with the community. Among the main topics researched in these articles are: description of the health promotion activities that underpin PC/AF actions aimed at the population in different types of health/disease processes[9]; description of the experience of developing the improvement course in strategic actions for PAS professionals[10]; preparation of the PC/AF planning of the improvement course in implementation of the PNPS[14]; articulation of PE work processes in the program with certain weaknesses regarding the fragmentation of knowledge[2,8,11] with the prioritization of the biological character[2,8,9,13], the need to approximate experiences in the field of SC[2,9,11,12] and a lack of articulation of the program's actions with the PHC teams that can compromise the achievement of interdisciplinarity and the organization of work processes[8,12,13].

Regarding the weaknesses in the PEFs' training processes, Tracz *et al.*[3] revealed that less than 1% of the curriculum of the 18 best Bachelor's Degree courses in PE in Brazil include subjects on Public Health. Thus, classical authors in a recent book on health and physical education training[15] discussed PE training and made critical reflections on the concept of health of PEFs inserted in public health considering the perspective of the CH field and the implications of the development of body culture in the community.

Another recent study[4] proved that simply including CS content in the curricula is not enough, as this inclusion is generally carried out in a way that is disjointed from the entire curriculum. In other words, without a critique of the historical determinations that shaped the PE profession in the world of work in capitalist society. The authors indicate as a challenge that the training process needs to provoke reflections on how to circumvent the normative influences of official documents and move towards overcoming hegemonic perspectives in the Political Pedagogical Project of these undergraduate courses[4]. This action would allow problematizing, based on the concept of territory and its needs, discussing health as a right and defining critical content that meets the needs of the community[4].

Aiming to contribute to this debate, but focusing efforts on the reality of the state of Goiás, this manuscript is part of the dissertation defended in a Postgraduate Program in PE in Goiás[16] and presents reflections on the working conditions, the planning process and the training of PEFs in the PAS in this state.

The state of Goiás is one of the twenty-seven federative units of Brazil, located in the Central-West region, composed of a territorial area of 340,106 km², with its 246 municipalities and more than 7 million inhabitants[17]. In terms of organization of health services, it is divided into 18 health regions, and each region has its own particularity[17]. Pasquim *et al.*[17] found that these health regions should have adequate resources to meet their needs, including

strengthening the promotion of PC/AF in care networks. However, it is observed that regionalization in health reproduces inequalities and inequities.

Gonçalves & Neves[1] confirmed these findings when they found that, in the state of Goiás, there are 238 proposals with PAS hubs and that 125 of the hubs are in operation, that is, 52.5%. Another 32 hubs are in preparatory action (13.4%); 31 hubs are completed (13.0%); 16 hubs are in execution and completion of the work (6.7%); 15 with the work canceled (6.3%); 09 in beginning of execution (3.8%) and 10 in cancellation (4.2%).

As a way of contributing to this scenario of studies on PE in the PAS in Brazil and, in particular, in Goiás, this article is dedicated to analyzing the characteristics of the working conditions, the planning process and the training of PEFs in the PAS of the Central/GO health region.

Methods

Exploratory-descriptive study with a qualitative approach that involved the application of an *online* questionnaire via *Google Forms* with 17 Physical Education Professionals from 10 cities in the state of Goiás in the Central/GO health region. The professionals' data were updated at the State Health Department under the coordination of Health Surveillance/Central/GO Health Region and also accessed in the National Registry of Health Establishments (CNES).

The inclusion criteria were PEFs that worked in the Central/GO health region of the PAS and the exclusion criteria were PEFs that had left the program, but were still registered in the CNES and the State Health Department.

It is important to highlight that there are currently 18 PEFs working in this health region in 11 different municipalities. Only 1 PEF refused to participate in the research.

Field data collection for this research took place in October 2023, shortly after the project was approved by the ethics committees, through a questionnaire with open and closed questions. The PEFs were invited via *email*, and their *WhatsApp* account was requested for better communication about the research. The questionnaire was applied via *Google Forms*, generating a short *link* (https://forms.gle/VmQHXzGi2yp9khZV7) and sending it via *WhatsApp* along with the Free and Informed Consent Form (TCLE), so that it could be answered at any time and place. The average time to answer the entire questionnaire was around 25 minutes.

Content analyses[18] of the open responses and simple descriptive statistical analysis of the closed responses to the questionnaire were performed.

The study was forwarded for consideration by the Ethics Committee of the Federal University of Goiás - UFG, through the Plataforma Brasil, approved on July 5, 2023, in Consolidated Opinion of the CEP No. 6,165,049 and approved on August 9, 2023, by the State Department of Health of the State of Goiás (SES-GO), in Consolidated Opinion of the CEP No. 6,228,290. The requirements of CNS Resolution No. 466/12 and/or CNS Resolution No. 510/16 were met.

Participants did not receive any type of payment for their participation and the confidentiality of information and anonymity were guaranteed. The acronym (P/Nº) was used to identify participants in the discussion of the results and the data produced were used only for the purposes of this study and disseminated in the academic environment.

Results

The results are presented below and, for educational purposes, are organized into three themes: characteristics of working conditions, planning process and the formation of PAS PEFs in the region researched.

Characteristics of the working conditions of Physical Education Professionals in the Health Academy Program

Table 1 shows the length of service, employment relationship, contractual working hours, direct contractor for the PAS, remuneration and the reason why the PEF chose to work in the program in its respective municipality.

Table 1: General characteristics of the PEFs' working relationships in the PAS:

VARIABLES	N	%
Length of service in PAS		
Up to 6 months.	1	5,9%
From 7 months to 12 months.	1	5,9%
From 13 months to 24 months.	6	35,3%
From 3 years to 5 years.	3	17,6%
Over 5 years.	6	35,3%
Employment relationship		
Accredited.	8	47,1%
Contract.	6	35,3%
Service provider.	1	5,9%
Legal entity contract.	1	5,9%
Public servant.	1	5,9%
Contractual weekly working hours		
20 hours per week.	3	17,6%
30 hours per week.	9	52,9%
40 hours per week.	5	29,4%
Direct contractor for PAS		
Municipal Health Department.	16	94,1%
Municipal Sports Department.	1	5,9%
Renumbering		
From R$ 1,000 to R$ 2,000.	8	47,1%
From R$ 2,000 to 3,000.	9	52,9%
Reasons that influenced working at PAS		
Job opportunities.	11	64,7%
Affinity with the work area.	11	64,7%
Flexible hours.	11	64,7%
Good pay.	4	23,5%
I was sent there after I got pregnant.	1	5,9%
I feel good about working in public health promotion.	1	5,9%

Note: N – Number (quantity) of physical education professionals. % - Percentage.

Source: The authors.

In the analysis of the professional relationship of PEFs in the PAS, most PEFs work for up to 2 years, in the proportion of 35.3%, and more than 5 years of service in the same proportion. It is noteworthy that the vast majority of professionals are accredited (47.1%) and contracted (35.3%), as contracts generally do not last very long. This criticism will be made explicit in the discussions.

The working hours of most professionals (52.9%) are 30 hours per week and the remuneration of the majority (52.9%) is between R$2,000 and R$3,000. The main position is the Municipal Health Department (94.1%), but also the Municipal Sports Department (5.9%).

The reasons that influenced PEFs to work in the PAS are diverse, and many of them are related to employment opportunities (64.7%), affinity with the work area (64.7%), flexible hours (64.7%) and it was possible to verify personal issues. This set of data shows the precariousness of the work that involves PEFs working in the PAS.

Training of Physical Education Professionals of the Health Academy Program

As previously presented, initial and continuing education and professional development are fundamental aspects that influence the professional activities of PEFs in public health services and in the PAS. Table 2 presents data on education, postgraduate courses, professional development and the PEF's view of their academic education considering their work in the PAS.

Table 2: General data on the formation of PEFs in the PAS:

VARIABLES	**N**	**%**
Postgraduate Courses		
Specialization.	8	47,1%
Master's degree.	-	-
Doctorate.	-	-
None of the above.	9	52,9%
Do you consider your academic training satisfactory for working at PAS?		
YES	16	94,1%
NO	1	5,9%
Did you receive professional development after joining PAS?		
YES	8	47,1%
NO	9	52,9%

Note: N – Number (quantity) of physical education professionals. % - Percentage.

Source: The authors.

Of the 17 PEFs working in the PAS in the state of Goiás, 9 (52.9%) do not have a specialization and did not undertake professional development after joining the PAS. Despite this gap in training, the PEFs consider their academic training to be satisfactory for working in the program (94.1%).

Four PEFs considered their academic training to work in the PAS satisfactory due to the importance of professional experience (23.5%); another four PEFs indicated the quality of initial academic training as preponderant (23.5%); three PEFs highlighted the importance of continuing education (17.6%); two PEFs spoke of more specialized training (11.8%); another two PEFs reported that it was due to their personal interests (11.8%) and one PEF due to the results achieved with users in the professional intervention (5.9%). Some of the fragments of the responses are below:

> Yes, because I work in several areas within my training, experiencing different models of professional experience. - (P/Nº4)
> Good academic education. - (P/Nº15)
> Because my academic training is composed of undergraduate degrees, specializations, and hundreds of complementary courses, which cover the various audiences that attend the health academy. - (P/Nº5)

> I have a bachelor's degree in physical education from UFG. The course curriculum was focused on the public health area. I studied the SUS program, NASF, the health academy program, collective health, health promotion, among others. I did an internship at CAPS Mental Health. I learned how to deal with different special groups. - (P/Nº3)
> Because it has always been an area that I have enjoyed since the beginning of my course. - (P/Nº6)
> Because I graduated to practice my profession with excellence, and lead an active life for the students of the health academy, aiming for satisfactory results such as in the process of weight loss and hypertrophy. - (P/Nº13)

In one of the reports, the respondent does not consider that academic training would be essential to carry out his activities in the PAS. For him, what he studied in his undergraduate studies is already sufficient for working in any service, in any community. His perception is that the transposition of theoretical and methodological aspects is useful for any professional activity. This contradicts most of the findings in research on this topic.

Regarding the type of professional improvement undertaken after entering the PAS, 3 PEFs did not specify (37.5%); 3 PEFs completed training in the workplace (37.5%) and 2 PEFs completed practical courses (25%), as explained below:

> Theoretical and practical courses/training. - (P/Nº5)
> Through training provided by the municipal health department. - (P/Nº8)
> Sports and recreational training. - (P/Nº16)

The presence of practical PE courses carried out in Primary Care, in the work environment and even those not specified, are not aligned with continuing education in health, since they did not even mention these perspectives of structured training in the services.

When delving deeper into the questions about initial and continuing education, the PEFs described knowledge, content, disciplines, courses, conferences, among others that contributed to their education and work in the PAS. Of the 17 PEFs, 8 PEFs took practical courses (47.1%); 3 PEFs took courses/seminars/conferences from the institution where they work (17.6%); another 3 PEFs recalled their academic disciplines (17.6%); 2 PEFs did not take any courses (11.8%) and only 1 PEF did, but did not specify it (5.9%) as observed in the answers below:

> Functional training course, dance course, outdoor training course. - (P/Nº10)
> Among several courses I can highlight the municipal health council course, the municipal conferences and the tenth regional conference. - (P/Nº8)
> Practical exercise physiology, Physiology of aging. - (P/Nº5)
> I didn't do any. - (P/Nº1)
> Several! - (P/Nº2)

It is intriguing to note the numerous skills acquired throughout the entire educational trajectory of PEFs and how practical modalities are always present at various times. PEFs took more independent practical courses unrelated to work in public health, marking a career in the SUS service without the necessary training in continuing education provided for in the legal frameworks of the system.

Pedagogical planning of Physical Education Professionals in the Health Academy Program

The pedagogical planning of PEFs in the PAS is part of the reality of the work and can show the articulations within the PAS.

Of the 17 PEFs, more than half (52.9%) do not carry out (9 PEFs) pedagogical planning, showing the fragility of this important process. This issue contains a contradiction regarding axis VII of the PAS, which deals with planning and management6.

Although the number of professionals who do not carry out pedagogical planning is greater, 5 PEFs have meetings with the work team (62.5%); 2 PEFs do their individual weekly planning (25.0%) and only 1 PEF has an annual meeting with the aim of establishing goals for the current year (12.5%), as can be seen in the descriptions below:

> It is a meeting between me as a teacher, the PSF coordinator and the health secretary! - (P/Nº2)
> Each teacher creates and executes the weekly lesson plans, always according to the users' demands. - (P/Nº3)
> It is held at the beginning of the year, covering our entire target audience, with several goals to be achieved. – (P/Nº5)

Although PEFs lead their activities in the PAS together with the community and teamwork is a fundamental element for health work, this distance between professionals and action planning characterizes a difficulty in the work process.

In the field of public health, the interaction of all the actors involved can be observed in one of the specific objectives of the PAS, which includes "VII - promoting multidisciplinary integration in the construction and execution of actions6". Based on the above, health planning with the team (whether individual or annual), for the development of PC/AF actions, is essential to increase the autonomy and integration of users. It is therefore necessary to offer support in the professional performance and training of PEFs, so that actions that are effective and sustainable in the PHC and that enhance the primary interests around the PAS are developed.

Discussion

Although information about the working conditions, pedagogical planning and training of PEFs working in the PAS is still fraught with difficulties, these conclusions are similar to studies with other PEFs, which reveal the predominance of recent actions in the PAS as proposed by Guarda et al.[2]. According to Guarda et al.[2], studies in the area of PE training have addressed issues related to the standardization of teaching and curricular guidelines. However, research on the organization of teaching to meet the social demands generated by the inclusion of this category in the public health sector is still incipient. And not only that, it is possible to perceive the need to bring training closer to the demands of health work, especially due to the lack of content, disciplines, internships and other experiences in the field of public health. In other words, the mismatch between academic training and labor market demands is observed in all health professions, including PE, characterized by the fragmentation of knowledge, prioritization of the biological nature and reproduction of prescriptive practices focused on disease, protocols and procedures[2]. Numerous authors discuss this topic related to PE in Public Health; among them, the following stand out: Palma, Estevão, Bagrichevsky[19]; Mendes[20]; Fraga, Carvalho, Gomes[21]; Pasquim[22]; Mendonça[23]; Neves et al.[24]; Carvalho[25]; Oliveira & Wachs[26]; Oliveira et al.[27]; Oliveira et al.[28]; Tracz et al.3; Lima et al.[5]; and many others. All of them understand the importance of PE in Public Health and promote pertinent discussions about the exclusivist nature of biological aspects in the field of PE.

Regarding the time spent working at the PAS (2 years and more than 5 years) and the forms of hiring, the evidence should be assessed with caution, considering the structural difficulties that characterize the PAS. This data reveals the precariousness of work and the extent to which these professionals are at the mercy of a job opportunity. In other words, it is

possible to see that the vast majority of PEFs are contracted or accredited, which indicates instability in their employment relationship.

There are pertinent differences between a contract and an accredited contract. A temporary contract aims to meet a need of exceptional public interest, and is an instrument provided for in the Federal Constitution (art. 37, IX)[29] that allows the Public Authority to hire professionals without the need for a public competition. Accreditation is a way of hiring service providers (individuals or legal entities) without an employment or statutory relationship with the public administration. In this type of contract, the pre-existence of a temporary situation of exceptional public interest is not necessary.

It is inevitable that these employment relationships contribute to the demotivation and disinterest of PEFs in working in the PAS, because, despite being contracts with positive initiatives, they do not effectively link the participant to the program, which may represent a high level of disinterest on the part of the public authorities in guaranteeing the legitimacy of the PAS[30].

The situation is made worse when we consider the monthly salary issue, which is considered a demotivating factor for these professionals' careers. When we consider that 30 hours per week is the workload for the highest percentage of professionals and that the remuneration is between R$2,000 and R$3,000, these amounts are very far from those paid for 30 hours of services provided by PEFs who passed public exams in the public health area of Goiânia, since, according to the transparency portal, the initial income reaches R$6,043.01. A remuneration of this size has the potential to strengthen and expand the program in Goiás, covering all its municipalities, in addition to encouraging PEFs to engage more with their work processes, especially with regard to PC/AF. However, it is important to emphasize that the remuneration of PEFs is low, and it is possible to observe that these professionals seek the opportunity to work due to their affinity with the area and the flexibility of their hours, which allows them to seek other jobs to supplement their monthly income.

Regarding initial and continuing education, it was found that most PEFS had been included in the PAS for less than 2 years, with insufficient time for high-level professional development, and temporary hiring, low salaries, and lack of time due to having more than one job make it difficult to continue their studies. In a recent study[31]; 14 with PE in PHC, it was possible to see that the performance of PEF in the SUS has been increasing, but still with some limitations, from initial training to the lack of continuity of studies. This makes it even more relevant to analyze and reflect on this insertion and the work ties of these professionals in the Brazilian health system, seeking to know, understand, and, with this, identify possible paths for the development of strategies that overcome this scenario, with a view to implementing performance aligned with the principles and guidelines of the SUS.

> It is worth noting that this scenario of precarious work in the SUS results in an increase in the number of professionals with low qualifications, low pay, lack of motivation, dissatisfaction, absenteeism and high turnover of workers, and a weakening of ties in favor of a supposed and unproven efficiency of public services[32,33,34]. Therefore, the precariousness of work contributes to a process of decharacterization of public health services and forces workers to meet demands that, many times, are not in line with the principles and guidelines of the SUS[34;15].

The PEFs did not point to training based on the guidelines, principles and objectives of the PAS or the SUS. They indicate that academic knowledge and knowledge derived from professional practice experiences are still important at this time. However, they do not refer to continuing education in health – which is meaningful learning and the possibility of

transforming professional practices in daily work[35]. Even so, it is possible to see the congruence of PEFs' concepts with the legal frameworks on this topic later on.

These uncertainties regarding the level of professional demand that one wants to achieve, pointed out by most PEFs, are not exclusive to the field of PE. According to Guarda et al.[2], studies on PE training have addressed issues related to the standardization of teaching and curricular guidelines. However, research on the organization of teaching to meet the social demands generated by the insertion of this category in the public health sector is still incipient. These authors highlighted the need to bring training closer to the demands of health work, especially due to the lack of content, disciplines, internships and other experiences in the field of CH.

Other studies have observed this same situation and problematized the fragmentation of knowledge2,8,11, prioritization of the biological character[2,8,9,13] and the need to bring experiences closer together in the field of SC[2,9,11,12]; lack of coordination of program actions with PHC teams that can compromise the achievement of interdisciplinarity and the organization of work processes[8,12,13] and difficulties in understanding the health/disease process that underpins health promotion activities aimed at the population[9].

> Furthermore, what can be observed is the understanding of the situation of PE, which is faced with a new field, a new way of dealing with the service user and another type of practice related to the health-disease process. All of this raises the need to evaluate the contributions of PE to health from a perspective that is not restricted to the biomedical paradigm[36;11].

In the same sense, Freitas, Carvalho and Mendes[37] indicate that the two dimensions – training and experience – allow us to reinvent and resignify health practices, as long as we understand health knowledge and practices as transversal paths that transform, produce networks and feed on experiences.

Regarding the continuity of studies and professional development after joining the PAS, the PEFs did not mention any continuing education actions in health. However, it is possible to see that continuing education in health recognizes everyday life as a place for inventions, embracing challenges and creatively replacing models with cooperative, collaborative, integrated and courageous practices in the art of listening to the diversity and plurality of the country, as well as the resolution and quality of work[38].

Practical courses are present in the training and the discourses are based on biophysiological disciplines of the initial training. The biomedical model proposed by Barros39 is what most PEFs advocate for dealing with training, however, it is interesting to highlight that the professional needs to be aware of the characteristics and principles of the work defined in the program policy that go beyond the biophysiological dimension.

Although it is a program that enables and demands action planning, the PEFs face (un)certainties, (ir)regularities and improvisations that have already been identified by Guarda et al.2, and even though the PEFs in this health region of Goiás manage to articulate teamwork for health work, the lack of planning creates a distance between professionals, which causes difficulties in the work process.

Therefore, only 8 PEFs lead their activities in the program together with the community and the management group, using the integration of the multidisciplinary team (eMulti) with shared management that allows the work to be qualified based on the interaction of all the actors involved.

eMultis conceive the development of comprehensive individual, group and home care actions: collective activities; matrix support; case discussions; shared care between professionals and

teams; the provision of remote health actions; the joint construction of therapeutic projects and interventions in the territory; and intersectoral practices[40]. Through all these items, the aim is to demystify false antagonisms between the actions to be carried out by such teams[40], however, it is possible to perceive that PEFs do not present this vast knowledge on the subject and that mentioning partnerships does not consist of actions in comprehensive care.

Conclusion

In summary, it is observed that working conditions are precarious due to low remuneration and the exacerbated presence of contracts and accredited workers, which do not effectively bind the PEFs to the program with the necessary labor guarantees, however, they indicate instability in their employment relationship.

The initial training process of PEFs reflects that their work process is based exclusively on biological aspects and instrumental practices acquired in courses. The possibility of professional improvement becomes insufficient and may, in a certain way, weaken the implementation of pedagogical planning, which justifies the difficulties in implementing the actions provided for in the legal frameworks of PAS[6] and, many times, they are not in line with the principles and guidelines of SUS.

These issues lead us to think about the precariousness of work and its consequences, which can generate shortages and difficulties in different territories and communities. Finally, it is considered that the working conditions, planning and training of PEFs are important issues and need to be rethought by PAS managers and professionals in this health region with a view to provoking the necessary approaches and dialogues with the field of CS, with the legal frameworks of the PAS and, consequently, with the principles and guidelines of the SUS. This would also require considering the different realities of the municipalities of Goiás in order to advance in the implementation and constant evaluation and monitoring of this important government program.

References

1. Gonçalves DF, Neves RLR. Profissionais de Educação Física no Sistema de Saúde Brasileiro e no Programa Academia da Saúde nos municípios goianos. Rev Bras Cienc Mov. 2023;31(1). DOI: https://doi.org/10.31501/rbcm.v31i1.14719
2. Guarda FRB, Silva RN, Araújo Júnior JLAC, Freitas MIF, Santos Neto PM. Intervenção do profissional de Educação Física: formação, perfil e competências para atuar no Programa Academia da Saúde. Rev Pan-Amaz Saúde. 2014;5(4):63-74. DOI: http://dx.doi.org/10.5123/S2176-62232014000400008
3. Tracz EHC, Linder JA, Cavazzotto TG, Ferreira SA, Silva DF, Queiroga MR. Formação em educação física no contexto de saúde pública nos melhores cursos do Brasil. J Phys Educ. 2022,33:1-15. DOI: https://doi.org/10.4025/jphyseduc.v33i1.3331
4. Galleguillos VSB, Carnut L, Guerra LDS. Educação física e a formação em saúde coletiva: deslocamentos necessários para a atuação no Sistema Único de Saúde. Saúde Debate. 2022,46(135):1151-1163. DOI: https://doi.org/10.1590/0103-1104202213514
5. Lima FO, Andrella JL, Silva JF, Trapé AA. Competências do profissional de Educação Física na Atenção Primária à Saúde. Rev. Bras. Ativ. Fis. Saúde. 2023; 28:e0322. DOI: https://doi.org/10.12820/rbafs.28e0322
6. Brasil. Portaria nº 2681, de 7 de novembro de 2013. Redefine o Programa Academia da Saúde no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União**,** Brasília, 8 nov, 2013[cited 2024 Fev 22]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt2681_07_11_2013.html
7. Brasil. Ministério da Saúde. Academia da saúde: cartilha informativa. Brasília, 2014[cited 2024 Jan 12]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/academia_saude_cartilha.pdf.
8. Ferreira HJ, Kirk D, Drigo AJ. Qualitative analysis of the health promotion work in a Academia da Saúde programme's unit. Rev Bras Ativ Fís Saúde. 2020; 25:1-9. DOI: https://doi.org/10.12820/rbafs.25e0128
9. Ivo AMS, Malta DC, Freitas MIF. Modos de pensar dos profissionais do Programa Academia da Saúde sobre saúde e doença e suas implicações nas ações de promoção de saúde. Physis. 2019;29(1):e290110. DOI: https://doi.org/10.1590/S0103-73312019290110

10. Lemos EC, Silva TCA, Macêdo NB, Brainer MG, Souza SLB, Santana CMBS. Distance training for professionals in the Academia das Cidades and Academia de Saúde Programs in Pernambuco. Rev Bras Ativ Fís Saúde. 2020;25:e0180. DOI: https://doi.org/10.12820/rbafs.25e0180
11. Ferreira LAS, Gonçalves TR, Abi LT. A clínica da Educação física nas políticas públicas de saúde: interfaces entre núcleo e campo. Mov. 2022;28:e28002. DOI: https://doi.org/10.22456/1982-8918.116321
12. Guarda FRB, Silva RN, Feitosa WMN, Santos Neto PM, Araújo Júnior JLAC. Caracterização das equipes do Programa Academia da Saúde e do seu processo de trabalho. Rev Bras Ativ Fís Saúde. 2015;20(6):638-40. DOI: https://doi.org/10.12820/rbafs.v.20n6p638
13. Guarda FRB, Silva RN, Feitosa WMN, Farias JM, Santos Neto PM, Araújo Júnior JLAC. Self-perception of the objective, object and work products of Physical Education Professionals belonging to the Academia Saúde Program. Rev Bras Ativ Fís Saúde. 2016;21(5):400-409. DOI: https://doi.org/10.12820/rbafs.v.21n5p%25p
14. Manta SW, Sandreschi PF, Quadros EN, Souza PV, Rech CR, Benedetti TRB. Planejamento em saúde sobre práticas corporais e atividade física no Programa Academia da Saúde. Rev Bras Ativ Fís Saúde. 2020; 25:1-6. DOI: https://doi.org/10.12820/rbafs.25e0168
15. Santo GE, Wachs F, Oliveira VJM, Carvalho FFB, organizadores. Formação em saúde e educação física. Embu das Artes, SP: Alexa; Manaus, AM: EDUA, 2024[cited 2024 Apr 21]. Available from: https://public.cbce.org.br/arquivos/repositorio/65c238ab25560formacao%20EF%20ebook.pdf.
16. Gonçalves DF. O Programa Academia da Saúde na Região de Saúde Central/GO: saberes, práticas e contextos. [Dissertação]. Goiânia: Universidade Federal de Goiás. Programa de Pós-graduação em Educação Física; 2024.
17. Pasquim HM, Nascimento LC, Marques VA, Parreira FR. Distribuição de profissionais de Educação Física no sistema de saúde brasileiro: do crescimento a necessária interiorização. Ediciones Universidad do Valladolid. AGORA EFyD, 2023;25:20-42. DOI: https://doi.org/10.24197/aefd.25.2023.20-42
18. Bardin L. Análise de conteúdo. Lisboa, Edições 70, 2016[cited 2023 Sep 12]. Available from: https://madmunifacs.files.wordpress.com/2016/08/anc3a1lise-de-contec3bado-laurence-bardin.pdf..
19. Palma A, Estevão A, Bagrichevsky M. Considerações teóricas acerca das questões relacionadas à promoção da saúde. In: Bagrichevsky M, Palma A, Estevão A. (org.). A saúde em debate da educação física. Blumenau: Edibes, 2003[cited 2025 Mar 30]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/saude_debate_educacao_fisica_v1.pdf.
20. Mendes MIB. Do ideal de robustez ao ideal de magreza: educação física, saúde e estética. Movimento. 2009;15(4):175-91. DOI: https://doi.org/10.22456/1982-8918.5989
21. Fraga AB, Carvalho YM, Gomes IM. Políticas de formação em educação física e saúde coletiva. Trab Educ Saúde. 2012;10(3):367-86. DOI: https://doi.org/10.1590/S1981-77462012000300002
22. Pasquim HM. A saúde coletiva nos cursos de graduação em educação física. Saúde Soc. 2010;19(1):193-200. DOI: https://doi.org/10.1590/S0104-12902010000100016
23. Mendonça AM. Promoção da saúde e processo de trabalho dos profissionais de educação física no Nasf, 2012. Dissertação (Mestrado em Saúde Coletiva), Universidade Estadual de Londrina, Centro de Ciências da Saúde, Programa de Pósgraduação em Saúde Coletiva, Londrina, 2012[cited 2023 Jun 30]. Available from: https://pos.uel.br/saudecoletiva/teses-dissertacoes/promocaoda-saude-e-processo-de-trabalho-dos-profissionais-deeducacao-fisica-do-nucleo-de-apoio-a-saude-da-familia-nasf
24. Neves RLR, Antunes PC, Baptista TJR, Assumpção LOT. Educação Física na saúde pública: Revisão Sistemática. Rev.Bras. Ciênc. Mov. 2015;23(2):163-77. DOI: https://doi.org/10.18511/rbcm.v23i2.5197
25. Carvalho YM. As práticas corporais como práticas de saúde e de cuidado no contexto da promoção da saúde. 2010. 101 p. Tese (Livre-docência) Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, 2010[2025 março 15].. Available from: https://teses.usp.br/teses/disponiveis/livredocencia/6/tde-19082019-132923/pt-br.php.
26. Oliveira BN, Wachs F. Educação Física e Atenção Primária à Saúde: o apoio matricial no contexto das redes. Rev Bras Ativ Fís Saúde. 2018;23:e0064. DOI: https://doi.org/10.12820/rbafs.23e0064
27. Oliveira DCR, Lemos EC, Silva CRM, Tassitano RM. Competência profissional dos trabalhadores de programas de atividade física da atenção básica à saúde de Pernambuco. Rev Bras Ativ Fis Saúde. 2018;23:1–10. DOI: https://doi.org/10.12820/rbafs.23e0022
28. Oliveira TS, Santiago MLE, Figueiredo Filho LAS, Leitinho MC. O profissional de educação física atuando no sistema único de saúde: dificuldades e suas estratégias de superação. Brazilian J Dev. 2020;6(6):37687–99. DOI: https://doi.org/10.34117/bjdv6n6-341
29. Brasil, Presidência da República. Casa Civil. Constituição da República Federativa do Brasil de 1988. 1988[cited 2024 Mar 15]. Available from: https://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm.
30. Parreira FR, Souza MR. O Trabalho no SUS: retrato das relações trabalhistas no Programa Academia da Saúde. Arch. Health. 2021;2(5):1455–1464. DOI: https://doi.org/10.46919/archv2n5-007

31. Vieira LA, Caldas LC, Gama MRJ, Almeida UR, Lemos EC, Carvalho FFB. A Educação Física como força de trabalho do SUS: análise dos tipos de vínculos profissionais. Trab. educ. saúde. 2023;21: e01991210. DOI: https://doi.org/10.1590/1981-7746-ojs01991
32. Druck G. A terceirização na saúde pública: formas diversas de precarização do trabalho. Trab. educ. saúde. 2016;14(1):15-43. DOI: https://doi.org/10.1590/1981-7746-sol00023
33. Santini SML, Nunes EFPA, Carvalho BG, Souza FEA. Dos 'recursos humanos' à gestão do trabalho: uma análise da literatura sobre o trabalho no SUS. Trab. educ. saúde. 2017;15(2):537-559. DOI: https://doi.org/10.1590/1981-7746-sol00065
34. Damascena DM, Vale PRLF. Tipologias da precarização do trabalho na atenção básica: um estudo netnográfico Trab. educ. saúde. 2020;18(3):e00273104. DOI: https://doi.org/10.1590/1981-7746-sol00273
35. Brasil. Ministério da Saúde. Portaria GM/MS nº 3.194, de 28 de novembro de 2017. Dispõe sobre o Programa para o Fortalecimento das Práticas de Educação Permanente em Saúde no Sistema Único de Saúde - PRO EPS-SUS. Diário Oficial da União, 2017[cited 2024 Fev 27].. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt3194_30_11_2017.html.
36. Furtado RP, Oliveira MFM, Sousa MF, Vieira OS, Neves RLR, Rios GB, Simon WJ. O trabalho do professor de educação física no caps: aproximações iniciais. Movimento. 2015;21(1):41-52. DOI: https://doi.org/10.22456/1982-8918.43457
37. Freitas FF, Carvalho YM, Mendes VM. Educação física e saúde: aproximações com a "Clínica Ampliada. Rev. Bras. Ciênc. Esporte. 2013;35(3):639-656. DOI: https://doi.org/10.1590/S0101-32892013000300009
38. Brasil. Ministério da Saúde. Educação Permanente em Saúde. Reconhecer a produção local de cotidianos de saúde e ativar práticas colaborativas de aprendizagem e de entrelaçamento de saberes. Brasília: MS, 2014[2024 abril 15]. Available from: https://bvsms.saude.gov.br/bvs/folder/educacao_permanente_saude.pdf..
39. Barros JAC. Pensando o processo saúde-doença: a que responde o modelo biomédico? Saúde & Soc. 2002;11(1):67-84. DOI: https://doi.org/10.1590/S0104-12902002000100008
40. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Nota Técnica Nº 10/2023-CAIN/CGESCO/DESCO/SAPS/MS. Trata-se de Nota Técnica com diretrizes para reorganização das equipes multiprofissionais na Atenção Primária à Saúde. Brasília, 2023[cited 2024 Mar 31]. Available from: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/notas-tecnicas/2023/nota-tecnica-no-10-2023.pdf

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