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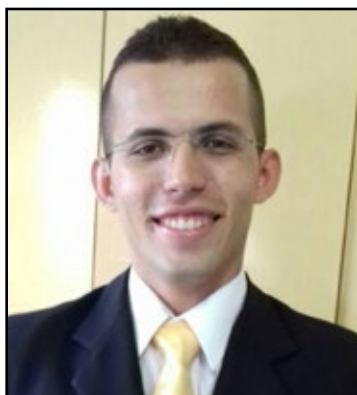
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Preview Notes



Degree of implementation of the Health in School Program: a descriptive study

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ABSTRACT

Aim: to analyze the degree of implementation of the Health in School Program in a capital of the Brazilian Northeast Region. **Method:** this is a quantitative and descriptive research, focusing on the degree of implantation. Data collection was carried out between May and July 2017 through the application of a questionnaire constructed based on the regulations of the program. From a population of 228 professionals, a calculated sample of 144 participants was obtained. The data will be analyzed in SPSS 22.0 using descriptive statistics and the degree of implantation will follow the rankings: not implanted (from 0% to 25%), incipient (from 26% to 50%), partially implanted (from 51% to 75%) and implanted (from 76% to 100%). **Expected results:** the implantation situation of the program will be described through the information available on its structure and process that contribute to the decision making by the management.

Descriptors: Health; Education; Health Services Research; School Health Services.

PROBLEM SITUATION AND ITS SIGNIFICANCE

Since the 1990s, international organizations have encouraged the promotion of health at school through the Health Promoting Schools Initiative. With this, several countries have carried out interventions aimed at the school community to contribute to the quality of life of the students⁽¹⁾.

Brazil created the Health in School Program (*Programa Saúde na Escola – PSE*), proposing the intersectoral participation of health and education professionals through activities of clinical and psychosocial evaluation, health promotion, disease prevention, permanent education and training of professionals to work in this program^(1,2).

Adhesion to the PSE depends on the context, the actors involved and management⁽²⁾. Therefore, its implementation in different Brazilian settings can be influenced by the diversity and complexity of the factors related to the management and assistance to which the health interventions are submitted⁽³⁾.

An initial step to identify the differences in each context is to conduct studies that identify the implementation situation of this program. This will help the management identify critical points and execute decisions that contribute to its improvement and expansion.

RESEARCH QUESTION

Is the implementation of the PSE in accordance with the standardization recommended by the Ministries of Health and Education?

AIM

Analyze the degree of implementation of the PSE in a capital of the Brazilian northeast region.

METHOD

This is a research of quantitative and descriptive approach, focusing on the degree of implementation, which is based on the comparison between what is proposed in the standardization of an intervention and what is found in its operationalization. Initially, the dimensions and criteria that will be assessed from the point assignment in each of them should be listed, considering the following categories: not implanted, incipient, partially implanted and implanted⁽³⁾.

The setting of the study is the municipality of Natal, Rio Grande do Norte, Brazil, where the family health services are offered to the population in 38 Family Health Units (FHU).

The participants in this study were the professionals working in these units: family health teams (doctors, nurses, technicians or nursing assistants and community health agents) and oral health teams (dentists and oral health technicians or assistants).

Considering that each FHU should have at least one family health team and one oral health team with a total of six professionals from the categories mentioned above by FHU, a population of 228 professionals was obtained. From the sample calculation for finite populations a sample of 144 participants was reached. The participation of six professionals by FHU was recommended, without replacement in case of refusal, which resulted

in 24 FHU. Of the total of professionals of these units, 105 accepted to participate in the research.

The inclusion criteria of the professionals were: to be a public servant, to be inserted in one of the FHU's of the municipality and to perform health activities in the school. The exclusion criterion was removed from the activities during the interviewer's visit to FHU.

Data were collected from May to July 2017, using a structured questionnaire based on PSE standards (2), whose questions were adequate by eight professionals (four expert doctors and four professionals who work in the care). The instrument was organized according to dimensions and criteria. In the structure dimension, human, financial, infrastructural and material resources are evaluated. In the process dimension, the planning meetings of the activities in the territory, the meetings carried out by the municipal administration, the scheduling of the activities of the program, the level of education in which the activities are carried out, the health week in the school, the clinical and psychosocial evaluation activities, health promotion activities and prevention of diseases and injuries, professional training and continuing education activities, and the recording of information are evaluated. Together, the two dimensions make up a total of 13 criteria. Each criterion will receive an expected score that, when compared to the percentage of responses, will determine the degree of implementation. The latter will be assessed from the following classifications: not implanted (from 0% to 25%), incipient (from 26% to 50%), partially implanted (from 51% to 75%) and implanted (from 76% to 100%).

The data will be organized in spreadsheets and analyzed by descriptive and inferential statistics in the program SPSS 22.0.

The research is linked to the Postgraduate Program in Nursing of the Federal University of Rio Grande do Norte and was evaluated by the Research Ethics Committee of the same institution, and was approved by means of opinion 2,064,901. The ethical recommendations of Resolution No. 466/2012 of the National Health Council were respected.

EXPECTED RESULTS

The implementation situation of the program will be described through the availability of information about its structure and its process, which will contribute to the decision making by the management.

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All authors participated in the phases of this publication in one or more of the following steps, in according to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013): (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the version submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www.objnursing.uff.br/normas/DUDE_eng_13-06-2013.pdf

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