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Competencies of the Physical Education professional in Primary Health Care

Competências do profissional de Educação Física na Atenção Primária à Saúde

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ABSTRACT

Primary Health Care (PHC) is the user's gateway to the Unified Health System (UHS). With a wide range of actions from disease prevention to health promotion, the PHC was developed to serve the user in its entirety, offering body practices and physical activities among its activities. However, the inclusion of Physical Education (PE) professionals in multidisciplinary teams in PHC remains limited, and some studies show limitations in preparing these professionals to work in this context. Therefore, this work aimed to investigate the paths taken from initial studies to the perception of the development of competencies in the PE professionals working in PHC. This is a qualitative study, performed through semi-structured interviews, remotely (Google Meet). The sample analyzed included six PE professionals who worked in PHC in cities from different regions across the country. Content analysis was performed to organize the results of the interviews, and the units of analysis were coded into thematic and then organized into categories: Undergraduate and Collective Health, Graduate Studies, Professional Practice, and Professional Competencies. It is concluded from this study that PE professionals identify a series of gaps in PE specific studies for work in PHC, with the studies after finishing the undergraduate program, being very important to meet demands and expectations for work. It was also observed a great knowledge about the competencies, linked to the theoretical and practical universe, from a humanized look, for effective and efficient professional conduct.

Keywords: Physical education; Professional competence; Unified Health System.

RESUMO

A Atenção Primária à Saúde (APS) é a porta de entrada do usuário no Sistema Único de Saúde (SUS). Com uma vasta amplitude de ações que perpassam da prevenção de agravos à promoção da saúde, a APS se desenvolveu para atender o usuário em sua totalidade, ofertando dentre suas atividades as práticas corporais e atividades físicas. Entretanto, a inserção do profissional de Educação Física (EF) nas equipes multiprofissionais na APS ainda é pequena e alguns estudos mostram limitações na formação deste profissional para atuar neste contexto. Sendo assim, este trabalho teve como objetivo investigar os caminhos percorridos desde a formação inicial até a percepção sobre o desenvolvimento de competências na atuação dos profissionais de EF que trabalham na APS. Trata-se de um estudo qualitativo, realizado a partir de entrevistas semiestruturadas, de forma remota (Google Meet). A amostra analisada contou com seis profissionais de EF que atuavam na APS em cidades das cinco regiões do país. Foi realizada análise de conteúdo para organizar os resultados das entrevistas, sendo que as unidades de registro foram codificadas em temáticas e na sequência organizadas em categorias: Graduação e Saúde Coletiva, Pós-formação, Atuação Profissional e Competências Profissionais. Como conclusão, os profissionais de EF identificaram lacunas na formação em EF para o trabalho na APS, sendo o contexto pós-formação bastante importante para atender demandas e expectativas para a atuação. Observou-se ainda um grande conhecimento sobre as competências, atrelado ao universo teórico e prático, a partir de um olhar humanizado, para uma conduta profissional eficaz e eficiente.

Palavras-chave: *Educação física; Competência profissional; Sistema Único de Saúde.*

Introduction

Primary Health Care (PHC) is characterized as the user's gateway to the Unified Health System (UHS), assuming a relevant role in the development and promotion of the main public health policies[1]. In addition, PHC has capillarity with the health care network, including Basic Health Units, Family Health Strategies, Multiprofessional Teams (eMulti)[2] Health Academy[3], and the Street Clinic Team[4].

In this sense, PHC is expected to be developed using multi-professional teams which, among their duties, take responsibility for developing health promotion actions. From this perspective, the Ministry of Health's implementation of health promotion includes body practices and physical activities (BPPA) as one of the priorities of the National Health Promotion Policy[5–7].

This scenario has strengthened the role of the Physical Education (PE) professionals in the UHS, who

can play a leading role in the development of actions to promote BPPA, also permeating the construction of permanent health education processes, involving physical activity programs, counseling for practice and matrix support[5,7]. This context highlights the importance of public policies that strengthen the importance of these professionals in the network[1,3,6].

However, because it is recent and not very traditional in Public Health, the inclusion and work of PE professionals in PHC has aroused the interest of the academic community. This has prompted discussions about their studies preparation and understanding of the presence of this professional in health teams, as well as their attributions and competencies needed to work with PHC teams.

Regarding professional competencies, it should be noted that these competencies are cultivated through the acquisition of technical knowledge (schooling) and through informal learning processes that take place at different times and in different contexts[9]. There is no scientific consensus on the competencies of the PE professional to work specifically in the UHS, and therefore in PHC[10,11]. However, what can be seen in the literature is that a large number of PE professionals who work in this area may not have the necessary competencies to do so, which can be explained by the lack of curricular experiences in the context of PHC during their undergraduate studies[10,11]. In this way, the search for graduate studies, such as specializations, professional residencies, and graduate courses (masters and doctorates) in Public Health and Family Health, has become feasible alternatives to fill this initial knowledge and experience gap[11].

Given this contextualization, the importance of developing the competencies of PE professionals for their work in PHC is evident, recognizing that this requires efforts beyond their initial studies and experiences, whether academic or informal, aimed at the technical advancement of these professionals. Thus, professionals who work in PHC need to develop these competencies, but there is still no specific definition of what they are. In this sense, this study aimed to investigate the paths taken from initial studies to the perception of the development of competencies in the work of PE professionals working in PHC in Brazil, as an effort to identify these competencies with those who are working in this context.

Methods

This study was approved by the Research Ethics Committee of the School of Physical Education and Sport Ribeirao Preto at the University of Sao Paulo (CAAE: 30477320.5.0000.5659 - number 4.931.328), in line with the Declaration of Helsinki and Resolution 466/12 of the National Health Council.

This is a qualitative study, with semi-structured interviews. Six PE professionals in health context, from different cities across the country took part in the study (from June/2021 to September/2021). As inclusion criteria, the participants had to be residents in Brazil, aged 18 or over, and who were working or have worked in PHC as PE professionals for at least six months. Participants were selected for convenience and initial contact was made by telephone and/or e-mail. The participants in this study were treated anonymously and classified as Professional 1, Professional 2, Professional 3, Professional 4, Professional 5, and Professional 6.

The interviews were carried out utilizing the Google Meet tool, and the sessions were recorded for subsequent transcription. In the initial section of the interview transcriptions, the following information was provided: identification through a code (ensuring anonymity), gender, age, undergraduate program completion, graduate studies, the city where the interviewee lives, time, and type of work in PHC.

The interviews were analyzed using Bardin's thematic content analysis[12] and discussed using the literature available, making it possible to present aspects related to the professionals' studies, including studies after finishing the undergraduate program, professional activities, and the competencies they listed concerning their work in PHC. The questions were as follows:

- Do you think your undergraduate program prepared you to work in PHC?
- Do you believe that more interventions are needed in undergraduate programs, such as courses and opportunities for interaction with other health subfields?
- If you study after finishing your undergraduate program, how did it contribute to your current work in PHC?
- Do you believe that the process of permanent education in health (team meetings, exchanging experiences between professionals) favors resolving the demands encountered in PHC?
- How do you understand your role in PHC? (What aspects do you consider important for the development of BPPA actions in PHC? Whether with other health professionals or users). How do you

consider your skill level in PHC? Planning interventions and actions, demonstrating the importance of BPPA, knowing and prescribing exercises for specific groups (e.g. groups with chronic conditions), providing matrix support, coordinating actions with other health professionals, and dialog with other health professionals and managers. How do you qualify/rank yourself in demonstrating your actions in PHC?)

- What professional competencies do you believe PE professionals need to have or develop to work in PHC?

To analyze the content of the interviews, Bardin[12] established three stages. First, the organization phase, in which the collected bibliography is analyzed, and pertinent information is classified from that which is not pertinent so that the analysis can continue. Secondly, the coding phase is divided into two points, being the first the registration units, the arguments chosen, such as verbs, words, and excerpts of speech; and the second point is the context unit (themes) in which the registration unit is inserted. Finally, the third phase is categorization, which organizes the themes into categories to obtain the answers to the interview questions.

The interview excerpts (recording units) that showed similar meanings were coded into themes and then organized into analysis categories, as shown in Chart 1.

Chart 1 – Categorization of recording units.

Categories	Themes
1. Undergraduate Studies and Collective Health	1.1 Main approaches to the field of Collective Health 1.2 Understanding undergraduate education in the context of Public Health 1.3 Perception of contact with Collective Health in undergraduate courses
2. Graduate studies	2.1 Preparations beyond undergraduate studies 2.2 Studies after undergraduate context 2.3 Continuing education
3. Professional activities	3.1 Problem-solving 3.2 Developing actions 3.3 Formation of working relationships 3.4 Planning multi-professional actions 3.5 Implementing interventions
4. Professional competencies	4.1. Physical education professionals' joints 4.2 Competencies highlighted

Source: Prepared by the authors.

Results and Discussion

The characterization of the participants is shown in Table 1. A search was made for professionals working in the five regions of the country, and it was possible to reach at least one from each region. This procedure sought to include professionals from the different regions of the country but without any intention of representing the complexity of the immense national territory. Attention was also offered to the invitations to the balance of gender, time from undergraduate program completion, graduate studies, time working in PHC, and type of work.

The results are presented and discussed based on excerpts from the speech of the PE professionals themselves, divided into categories as described above.

Undergraduate and Collective Health

Among the highlights, the first was related to PE professional studies. This category deals with the PE professionals studies, who were interviewed, and their perceptions of the subjects during undergraduate studies, and their interrelations with Collective Health.

"Our studies were not for health, it is not just a failure of PE... I see that it is not just the PE course

Table 1 – Characterization of the professionals interviewed according to gender, age, region of the country, undergraduate program completion, graduate studies, type of work in Primary Health Care (PHC), and time working in PHC.

Professional	Gender	Age	Country Region	Undergraduate program completion	Graduate studies	Type of work in PHC	PHC working time
Professional 1	F	23	Southeast	2021	Yes, residency is in progress	Resident, scholarship holder	6 months to 1 year
Professional 2	M	27	Southeast	2019	Yes, residency is in progress	Resident, scholarship holder	6 months to 1 year
Professional 3	F	31	South	2014	Yes, master's degree is in progress	Effective, contract	5 years to 10 years
Professional 4	M	31	Northeast	2016	Yes, residence completed	Effective, contract	1 year to 5 years
Professional 5	F	26	North	2020	Yes, residency is in progress	Resident, scholarship holder	1 year to 5 years
Professional 6	M	34	Midwest	2013	Yes, residence completed	Effective, contract	5 years to 10 years

Source: Prepared by the authors.

that does not prepare you to work in Primary Care, in Public Health. There are several other courses, so the way is to study." (Professional 3)

"... about the degree itself, it did not prepare me to work in hospitals, primary care, tertiary care, secondary care... It is always undergraduate, master's, and doctorate. Going back to university... so there was even less of this health-related issue there [referring to the PE degree course]." (Professional 5)

Regarding preparation for working in PHC during their undergraduate studies, some of the professionals interviewed reported having little exposure to public health subjects, which can have implications for their work. Among the points highlighted were the short duration of the undergraduate course, as well as the few spaces to carry out internships and projects involving PHC. However, professionals 1, 2, 5, and 6 reported that they had taken part in crucial activities to get closer to Collective Health, such as the Health Work Education Program in Health (*PET-Saúde*) and extension projects. Only professional 1 took part in and studied a subject that discussed Collective Health. It should also be noted that these approaches and the contact they had with the areas of Public Health and PHC, while still an undergraduate, sparked their interest in this line of work.

"My degree, it did not match up, ok... a very short career, it is not, a lot of related theory, not much practice... When I went into practice, I had to create a model. I had to look for more articles that talked about the role of PE professionals in PHC so that I could understand what the role was." (Professional 4)

"... In undergraduate studies, this was never a reality. Talking about PE in Public Health... It was all about learning in practice." (Professional 2)

Considering Public Health in the studies of PE professionals, the recent study by Tracz et al.[13] carried out an analysis of institutions considered to be the best courses in the country and found that most courses that offered subjects related to Public Health came from public universities, in which case at least one subject was offered by these institutions. It is worth highlighting the low number of hours offered by the courses with subjects related to this topic and that most of them were offered as optional courses. These findings show how far the courses are from offering and providing knowledge to meet the requests and demands presented by public health services, especially PHC.

The difficulties faced by undergraduates pointed out by Tracz et al.[13] and Oliveira et al.[14] regarding their knowledge of Collective Health and the processes that difficult the studies and work were diverse. Therefore, the search for knowledge through other resources was the possibility that brought them closer to the work they would be doing in the UHS.

Graduate Studies

Regarding the studies after the undergraduate program, the interviewees reported participating in multiprofessional residency, master's, and other graduate programs, as well as constantly seeking updates through professional courses offered by the federal government and academic content (articles, dissertations, and theses) that covered aspects related to Collective Health and the work of PE professionals. These approaches contribute to the work needs encountered in the professional sphere, collaborating with the preparation and self-studies carried out by the professionals[14]. As a result, the choices were made to meet the needs and specificities of the professionals, helping in the self-construction of knowledge and day-to-day activities.

"... It has been a huge learning experience. For me, it is learning more about the UHS, learning about Primary Care, and the opportunity I must see how to work and how to take care of people... we learn a lot, not just about the work itself, about body practices, management, administration, even how a municipality works, each municipality has its network [procedures]..." (Professional 2)

"Yes, the difficulty I had was with the technical terms... It was something that took me by surprise, not least because, as an undergraduate, we do not study these terms, so it is something I had difficulty with, and I had to seek out more knowledge..." (Professional 5)

Professionals 2 and 5, both of whom have completed their residencies, reported the difficulties they had at the beginning of their activities in PHC and the competencies they had to develop to work. Professional 2

reports the need to better understand the principles of management and administration to carry out activities, as well as getting to know the municipality in which he is based. It is of the utmost importance to know the squares, the schools, what the security situation is like in some neighborhoods, whether there is public transport accessible to all locations, to understand the surroundings of the Health Unit, so that you can advise the practice in the most appropriate way possible for users. Regarding professional 5, it is possible to observe the difficulty he had with some technical terms of pathologies, medicines, and exams since it is not so common to hear about them in the undergraduate program. Professionals 4 and 6 have already completed their residency and are currently professionals hired by Public Health, and professional 1, who has a residency in progress, also demonstrated the difficulty of understanding the technical terms so commonly used in healthcare environments. As a result, graduate studies appeared to be essential for these professionals to specialize in PHC activities. The positive points perceived were the great learning from being able to experience professional practice and being able to develop knowledge around management and communication areas, among others.

Another relevant circumstance is the doubt some professionals have about whether to do a multiprofessional residency, master's degree, or specialization. However, even though they were uncertain, professionals 1, 2, 4, 5, and 6 said that graduate programs had helped them to fill in the knowledge they lacked to work in PHC. For professional 1, the multi-professional residency was crucial to the start of his work in PHC:

> "..., my first year of residency... it is entirely in Primary Care, 100%... In Primary Care, I really value multi-professional knowledge, both among residents and professionals in the unit..." (Professional 1)

Concerning multi-professional health residencies, Corrêa et al.[15] point out that these programs are an opportunity for PE professionals to play a more relevant social role, as well as being an alternative that can contribute to narrowing the gap between the academic world and professional practice. This can be seen in the statements made by professionals 4 and 6, about the importance of being present in this area and the great learning they have experienced, as an opportunity to give something back to the population. Multi-professional residency programs in health for PE professionals can promote a broader view of the needs of these professionals when they are sought out by PHC users, showing strong support in the care provided[16].

Professional activities

The professional activities of the participants and problem-solving emerged as highlights during the interviews. One example was the use of simpler physical fitness tests due to the lack of appropriate materials. Another aspect mentioned was collaborative work with other professionals in the unit where they work, to discuss more complex cases and exchange experiences that qualify actions to solve problems in the unit. Professional 2 said he found it difficult to talk to other professionals, reporting work overload and a short period to think about solutions to problems, but Professional 4 mentioned the freedom he has in the unit to make decisions, when necessary, but always discussing with the multi-professional team. From the perspective of working relationships, most of the professionals interviewed highlighted the good relationships they have in being able to share information at team meetings and being able to work together, planning work, and managing multi-professional actions.

> "It is teamwork... a great exchange of knowledge, of information. It is a chance for us to develop our work, it is collective work... We work individually and collectively; I try to encompass more of this collective space so that we can serve more and more people" (Professional 4).

> "This teamwork, these meetings, these encounters that we have, these encounters are permanent and make us better prepared... Every day or every week has a different complexity... we need to understand, right, with the doctor, with the physiotherapist, what this person needs" (Professional 4).

Another important point is the questioning of the inclusion of PE professionals in PHC. When we look at this aspect, we can see from the words of professionals 1, 2, and 4 that the population is surprised to realize that the health service offers care by a PE professional. Professional 4 mentions that the community initially saw him as a physiotherapy professional. Professional 2, on the other hand, reports the need to talk to the professionals who work in PHC to explain and share

PE's actions. Professionals 2 and 4 also mentioned that the inclusion of PE in PHC meant that the health space was no longer seen as a "remedial" space, but as a space for promoting health and quality of life. Professional 6 reports that after his personal efforts to train himself, he now considers himself capable of doing his job with quality.

> "Where I worked, the coordinator insisted on a matrix approach with all the professionals, the community agent, the nurses... the doctor, so we were able to talk... then the person brought the case... we were able to solve not only that specific problem but many other situations that were aggravating it (the cause of the problem)". (Professional 2)

> "Look, I think I still have a lot to learn. It is the daily performance. It is an eternal apprenticeship... but I believe I have enough skill... I consider myself skillful... I can do what I do today, especially with quality." (Professional 6)

The inclusion of PE in PHC, as described by Mendonça et al.[17] reflects on the benefits linked to BPPA and to the PE professional, who can use different approaches to meet the most diverse profiles of PHC users, being the link in contributing to users having a more active lifestyle.

Falci & Belisário[18] documented the recognition by other professionals of the inclusion of PE professionals in PHC, demonstrating a paradigm shift. The other professionals reported a higher quality of health promotion and protection actions and better direction for the practical activities led by the PE professional.

Professional competencies

This category aimed to engage with aspects related to professional competencies. This category seeks to present some complementary points in a more specific way. Regarding professional competencies, the professionals interviewed highlighted various topics, such as having a good medical history, being a flexible professional, knowing how to provide guidance, being able to articulate the work sectors, and providing excellent communication. Additionally, they emphasized the importance of building rapport, extending a warm welcome during interactions, motivating patients to engage in physical activities, advocating for the utilization of existing community spaces, possessing knowledge of the UHS policies, recognizing the individualized needs of each user, demonstrating proficiency in BPPA, and maintaining dynamism, among other competencies.

> "The first competence is to know the UHS, the second competence is to know the policies that govern Primary Care... and to know your territory, you have to articulate in the environment you're in, you will see what possibilities you have... What spaces do you have to promote physical activity? You have to know the users who belong to that territory." (Professional 3)

> "I think that the main thing is welcoming... so, from the beginning for Primary Care, it is welcoming, [knowing] how to listen... it is fundamental... encouraging the patient to do a physical activity that already existed in the area, for example... [making] a partnership with social organizations... expanding care..." (Professional 2)

> "I think humanization is the word... Because there is no point in having all the techniques, knowing all the technical terms, if I cannot help my patient... explain to the patient why he is doing the movement... and what that [action] is. So, it is not just doing it for the sake of doing it, but I have to explain why he is doing it [referring to the movement]." (Professional 5)

> "I often say that competence is being a specialist in people... having patience, that is, making the user understand... what we are doing [the actions]... and together with the other professionals offering something beneficial. It is knowing how to deal with people and that is what makes me able to carry out actions today." (Professional 4)

> "... knowledge of the Health area... being dynamic, communicative, welcoming because we have to deal with doctors, dentists, community health workers... And if you are not, if you do not know how to be welcoming, you cannot develop anything, because you create resistance with those professionals... If you are not welcoming to users, things won't develop" (Professional 6).

Thus, the professionals' statements corroborate Coutinho[19] and Marinho et al.[20] who point out that

competent PE professionals are those with good communication skills and who value good interpersonal relationships, incorporating both theoretical and practical knowledge of their routines, as well as perceptions of the reality in which the community is inserted, managing to provide humanized actions that are contextualized to the needs and interests of users and the territory.

The reports of the professionals interviewed in the present study and the support of the literature produced on this subject suggest that the perception of professional competence is a heterogeneous, multifaceted production that requires time[11,15,19]. It is strongly linked to formal education, including undergraduate and graduate programs, but above all, it highlights the processes of permanent education, the sharing of knowledge, and the experiences imposed by the routine of professional practice itself.

Conclusion

This study revealed that PE professionals possess a significant amount of knowledge regarding crucial competencies for working in and developing actions within PHC, based on positive discussions about their role in the health team, as well as actions aimed at the community.

In the past, it was observed that a scarcity of opportunities during undergraduate studies, including a lack of suitable internship placements, resulted in challenges, particularly at the onset of their careers. These challenges are related to the deficiency in technical knowledge and constraints in interprofessional relationships.

According to the interviewees, the shortcomings reported during their undergraduate studies were overcome through graduate programs, especially the multiprofessional residency program. In addition, graduate programs were a positive strategy for professionals to be able to enter the work field, with the possibility of seeking more knowledge to work in PHC.

About the study limitations, there is no intention to generalize the results. Participants from different regions of Brazil were sought out, but despite this, it is not possible to say that their statements represent the perception of all professionals from the regions they belong to. It is also important to emphasize that the study intended to express the perception of the competencies that these professionals, in a particular way, needed to develop the work proficiently in PHC, based on their experiences and needs in each health unit.

Finally, the competencies presented as important by the professionals help in the development of more humanized and creative actions, making it possible to reinvent working relationships with the team, and the services operating in the area and between people. Professionals should therefore seek out the theoretical knowledge they acquired during their undergraduate and graduate studies, as well as broaden their space to observe and gather information to think about actions, seeking to understand the different particularities of the territory and the user. With this attitude, the professional will be able to carry out their work effectively and efficiently, since PHC provides numerous contexts and complexities, offering diverse demands for thinking about the promotion of BPPA in PHC.

Conflict of interest

The authors declare no conflict of interest.

Authors' contribution

Lima RO, took part in designing the study, interviews, transcribing the interviews, analyzing the results, and writing the article. Silva JF and Andrella JL took part in the interviews, analyzing the results, writing the article, and revising the text. Trapé AA coordinated the study, and took part in its conception, analysis of the results, and revision of the text.

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