
CHARACTERIZATION OF THE PROFESSIONAL PHYSICAL EDUCATION FIELD IN BRAZILIAN MULTIPROFESSIONAL HEALTH RESIDENCY PROGRAMS**CARACTERIZAÇÃO DA ÁREA PROFISSIONAL DA EDUCAÇÃO FÍSICA NOS PROGRAMAS DE RESIDÊNCIAS MULTIPROFISSIONAIS EM SAÚDE DO BRASIL****Francisco Timbó de Paiva Neto^{1,2}, Anne Ribeiro Streb¹, Joel de Almeida Siqueira Junior¹, Giovani Firpo Del Duca¹, and Cassiano Ricardo Rech¹**¹Federal University of Santa Catarina, Florianópolis-SC, Brazil.²Hospital Israelita Albert Einstein, São Paulo -SP, Brazil.

ABSTRACT

Multiprofessional residencies in the professional health field (MHR) are intersectoral cooperation programs to qualify health professionals. This study aimed to characterize the offer of vacancies meant for the professional Physical Education field in Brazilian MHR programs. It is a descriptive study of a documentary nature on the offer of training vacancies in MHR for the professional Physical Education field in 2022. The characterization of the programs considered: federative unit, proposing institution, total number of general vacancies, vacancies offered for Physical Education, focus of intervention of the programs, and other professional fields presented in the identified programs. A total of 184 vacancies offered by 77 MHR programs that include Physical Education in Brazil were identified. The Northeast region had the highest number of programs (n=29) and vacancies offered (n=89). Family Health was the major focus as to vacancies, while nursing appeared as the most frequent professional field among the identified programs (97.4%). This research work presented the characterization of the offer of vacancies intended for Physical Education in Brazilian MHR programs. Additionally, it evidences the need for a more equitable distribution of vacancies for Physical Education in the country.

Keywords: Non-Medical Internship. Postgraduate Education. Health Personnel.

RESUMO

As residências multiprofissionais em área profissional de saúde (RMS) constituem-se em programas de cooperação intersectorial para qualificação de profissionais de saúde. Este estudo objetivou caracterizar a oferta de vagas destinadas à área profissional da Educação Física nos programas de RMS no Brasil. Estudo descritivo de natureza documental sobre a oferta de vagas de formação em RMS para a área profissional da Educação Física no ano de 2022. A caracterização dos programas considerou: unidade federativa, instituição proponente, total de vagas gerais, vagas ofertadas para a Educação Física, ênfase de atuação dos programas e demais áreas profissionais apresentadas nos programas identificados. Foram identificadas 184 vagas ofertadas por 77 programas de RMS que contemplam a Educação Física no Brasil. A região Nordeste apresentou o maior número de programas (n=29) e de vagas ofertadas (n=89). A ênfase mais apresentada com vagas foi a Saúde da Família enquanto a enfermagem apareceu é área profissional mais frequente entre os programas identificados (97,4%). Este trabalho apresentou a caracterização da oferta de vagas destinadas à Educação Física nos programas de RMS no Brasil. Além disso, evidencia a necessidade de uma distribuição mais equitativa das vagas destinadas à Educação Física no país.

Palavras-chave: Internato Não Médico. Educação de Pós-Graduação. Pessoal de Saúde.

Introduction

In the last decades, the possibilities of roles available for Physical Education professionals (PEPs) have grown in the Brazilian Public Health¹. The creation of the Expanded Family Health Centers, with the insertion of PEPs, represented an important achievement for the latter, as well as for the recognition of physical activity as a priority axis of the National Policy on Health Promotion^{2,3}.

In this sense, a possibility of professional qualification in the Public Health context, which includes PEPs, are multiprofessional residencies in professional health fields (MHRs), whose creation was focused on in-service training and aimed at professional categories that

make up the health field, except for the medical one. It is an inter-ministerial policy, as it also has the participation of the Ministry of Education and aims to strengthen the scope of actions to promote health and healthy lifestyles for the population^{4,5}. Each program, in order for it to be considered multidisciplinary, must comprehend at least three of the following fields: Biomedicine, Biological Sciences, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Veterinary Medicine, Nutrition, Dentistry, Psychology, Social Work, and Occupational Therapy. The weekly workload that each resident must complete totals 60 hours, divided into theoretical-practical and theoretical workload for at least two years on a full-time basis⁶.

Due to the recent intertwining of the professional category with work in Collective Health fields, MHR programs have provided Physical Education professionals with qualification after initial training, together with other health fields, for collective work and immersion in the practice of the Brazilian Unified Health System (SUS)⁵. It is a unique opportunity for these professionals to take on another relevant social role, in addition to being an alternative that can contribute to reducing the distance between the academic world and professional practice⁷.

In general terms, it is possible to obtain information about the MHR programs, as well as about the possibility of absorbing PEPs in these programs (focus of the program, professional categories), but more assertive information (number of vacancies available per program, vacancies meant for the Physical Education field) are not easily available to interested parties on Federal Government websites and are not in the public domain⁸.

There is a clear need to investigate the possibilities of inserting PEPs in MHR programs, bearing in mind the scarcity of evidence on the subject; also, the studies found in the literature on professional fields concerning MHR programs are more generic and essentially focused on traditional health care fields, such as medicine and nursing. Additionally, as far as the authors know, only one study presents a mapping of Physical Education in MHR programs limited to the southern region of the country and with information going up to the year 2015⁸.

From this perspective, it becomes essential to investigate how, in Brazil, the distribution of MHR courses that include Physical Education in the scope of professional fields is presented. Furthermore, it is also important to investigate the focuses and fields of intervention of MHR programs that have vacancies for the professional Physical Education field. In this sense, the objective of this study was to characterize the offer of vacancies intended for the professional Physical Education field in multiprofessional residency programs within Brazilian professional health fields.

Methods

Study Design

This was a descriptive documentary study on the offer of training vacancies in multiprofessional health residency for the professional Physical Education field in 2022.

Procedures

The search for residency programs was carried out from December 2021 to February 2022 using the following strategies: a) e-mail consultation with the Ministries of Education and Health; b) contact by e-mail with the secretariats of the MHR programs; c) active search at the electronic addresses of the MHR programs and in public notices published in 2021 for vacancies meant for 2022. During the search, only MHR programs were selected, excluding Uniprofessional programs and information on vacancies not intended for the year 2022.

At the end of the searches, a general review of all the programs found was carried out in an attempt to filter out others that had not been mapped. As this is not a research involving human beings, this project was not submitted to a research ethics committee. The methods adopted in the present study are similar to those used by Xavier and Knuth⁸, who also provided MHR data in the South of the country.

After the search for and identification of the documents, the following information was extracted: proposing institution, geographic location (region, state and city), number of vacancies for PEPs, number of vacancies for other professionals, focus of intervention of the MHR program, and professional fields included besides Physical Education.

Statistical Analysis

The information collected was systematized in a spreadsheet in the Microsoft Excel 2016® software. For data analysis, descriptive statistics were applied using mean, standard deviation, minimum and maximum (for numerical variables), and absolute and relative frequency (for categorical variables) in the Statistical Package for the Social Sciences® (SPSS) version 20.0.

Results

In total, 77 MHR programs were identified with vacancies for the professional Physical Education field in Brazil. Of the identified programs, a large part presented information on the number of vacancies available, resulting in a total of 2,554 vacancies, 184 of which were meant for Physical Education, corresponding to 7% of all identified vacancies. The largest number of programs was found in the Northeast region (n=29), followed by the South region (n=25), 11 programs in the Southeast region, eight in the North region, and four in the Midwest region. Another result that draws attention is that most of the identified programs are in state capitals. The distribution of the number of MHR programs with vacancies for the professional Physical Education field, by federative unit, is shown in Figure 1.



Figure 1. Mapped number of multiprofessional residency programs in the professional health field, by state, with vacancies meant for the professional Physical Education field. Brazil, 2022.

Source: Authors

Table 1 presents information on the region, state, city, proposing institutions, number of general vacancies offered annually, as well as the number of vacancies intended for the professional Physical Education field.

Table 1. Information on multiprofessional residency programs in the professional health field with vacancies for the professional Physical Education field in the country. Brazil, 2022

Region	FU	Cities	Proposing Institution	Annual General Offer of Vacancies	Vacancies for Physical Education n (%)
North	RO	Porto Velho	UFRR	16	2 (12.5)
	AP	Macapá	UNIFAP	19	5 (26.3)
	PA	Belém	UEPA	13	2 (15.4)
	AM	Manaus	UFAM	18	1 (5.6)
	AM	Manaus	UFAM	6	1 (16.7)
	TO	Palmas	CEULP/ULBRA	41	4 (9.7)
	TO	Palmas	CEULP/ULBRA	16	2 (12.5)
	AC	Rio Branco	UFAC	10	1 (10.0)
Northeast	MA	São Luís	UFMA	77	2 (2.6)
	BA	Santo Estevão	UEFS	2	10 (20.0)

Region	FU	Cities	Proposing Institution	Annual General Offer of Vacancies	Vacancies for Physical Education n (%)
Northeast	BA	Salvador	FESF-SUS/FIOCRUZ-BA	80	6 (7.5)
	RN	Currais Novos and Caicó	UFRN	44	4 (9.1)
	AL	Maceió	UNCISAL	16	2 (12.5)
	CE	Sobral	UVA	30	3 (10.0)
	CE	Sobral	UVA	10	2 (20.0)
	CE	Multiple**	UFC/ESP/CE	53	10 (18.9)
	CE	Multiple**	UFC/ESP/CE	266	18 (6.77)
	CE	Crato	URCA	18	3 (16.7)
	PI	Teresina	UESPI	16	2 (12.5)
	PB	João Pessoa	UFPB	20	3 (15.0)
	SE	Lagarto	UFS	10	2 (20.0)
	SE	Aracajú	UFS	8	2 (25.0)
	PE	Caruaru	ASCES/UNITA	42	3 (7.1)
	PE	Vitória de Santo Antão	UFPE	*	*
	PE	Vitória de Santo Antão	UFPE	139	3 (2.16)
	PE	Boa Vista	IMIP	*	1
	PE	Boa Vista	IMIP	*	1
	PE	Recife	IMIP	94	1 (1.1)
	PE	Recife	IMIP	94	1 (1.1)
	PE	Santo Amaro	UPE	139	1 (0.7)
	PE	Jaboatão dos Guararapes	SMS/Jaboatão dos Guararapes	139	4 (2.8)
	PE	Caruaru and Garanhuns	UFPE	139	1 (0.7)
	PE	Caruaru and Garanhuns	IMIP	139	1 (0.7)
	PE	Caruaru and Garanhuns	IMIP	139	2 (1.4)
	PE	Caruaru and Garanhuns	COREMU IMIP	52	1 (1.9)
	PE	Caruaru and Garanhuns	COREMU ESPPE	12	*
PE	Caruaru and Garanhuns	FCM COREMU UPE	18	*	
Midwest	MS	Dourados	UEMS	18	2 (11.1)
	MS	Campo Grande	SMS/FIOCRUZ	47	2 (4.3)
	DF	Brasília	FIOCRUZ Brasília	32	4 (12.5)
	DF	Brasília	FIOCRUZ Brasília	23	2 (8.7)
MG	Juiz de Fora	HU/UFJF	16	2 (12.5)	
MG	Uberaba	UFTM	13	2 (15.4)	
MG	Uberlândia	UFU	3	1 (33.3)	
MG	Diamantina	UFVJM	12	4 (33.3)	

Region	FU	Cities	Proposing Institution	Annual General Offer of Vacancies	Vacancies for Physical Education n (%)
Southeast	SP	Campinas	UNICAMP	8	2 (25.0) ^b
	SP	Campinas	UNICAMP	8	2 (25.0) ^b
	SP	Santos	COFORM/SMS	20	2 (10.0)
	SP	São Paulo	SMS/SP	18	2 (11.1)
Southeast	RJ	Rio de Janeiro	FIOCRUZ	28	4 (14.3)
	RJ	Mesquita	USU	28	4 (14.3)
	ES	Maricá, Vitória, Aracruz e Colatina	SESA/ES	58	3 (5.2)
South	PR	Curitiba	PUC/PR	8	1 (12.5)
	PR	Guarapuava	UNICENTRO	8	2 (25.0)
	PR	Apucarana	AMS/Apucarana	18	3 (16.7)
	PR	Londrina	UEL	10	1 (10.0) ^c
	PR	Londrina	UEL	8	2 (25.0) ^c
	SC	Balneário Piçarras and Brusque	UNIVALI	19	2 (10.5)
	SC	Criciúma	UNESC	12	2 (16.7)
	SC	Criciúma	UNESC	9	1 (11.1)
	SC	Criciúma	UNESC	15	2 (13.3)
	SC	Florianópolis	UFSC	13	2 (15.4)
	SC	Florianópolis	UDESC	55	4 (7.3)
	SC	Palhoça	SES/SC	8	2 (25.0)
	RS	Multiple**	ESP/RS	9	1 (11.1)
	RS	Porto Alegre	ESP/RS	5	1 (20.0)
	RS	Porto Alegre	PUC/RS	7	1 (14.3)
	RS	Porto Alegre	HCPA	4	1 (20.0)
	RS	Porto Alegre	HCPA	14	2 (14.3)
	RS	Porto Alegre	HCPA	3	1 (33.3)
	RS	Porto Alegre	UFRGS	9	1 (11.1)
	RS	Rio Grande	FURG	4	1 (22.0)
	RS	Rio Grande	FURG	6	2 (33.3)
	RS	Santa Cruz	UNISC	20	1 (5.0)
RS	Santa Maria	UFSM	13	1 (7.7)	
RS	Uruguaiana	UNIPAMPA	4	1 (25.0)	
RS	Pelotas	UFPel	6	2 (33.3)	

Note: ^aNot informed in the public notice. ^{**}More than five cities as scenarios of intervention. ^cPercentage of vacancies for the professional Physical Education field proportionally to the total number of vacancies of the multiprofessional residency programs in the professional health field. ^bMultiprofessional residency programs in the professional health field of the same Proposing Institution, with the same number of vacancies and different focuses of intervention. ^cMultiprofessional residency programs in the professional health field of the same Proposing Institution, with different number of vacancies and different focus of intervention.

Source: Authors

The professional health fields that are most present in the MHR programs with vacancies for the professional Physical Education field in Brazil are: Nursing (present in 97.4% of the programs), Psychology (present in 90.9% of the programs), and Nutrition

(present in 71.4% of the identified programs). Table 2 shows the other professional fields found in the MHR programs that include the professional Physical Education field in Brazil.

Table 2. Professional fields present in multiprofessional residency programs in the professional health fields that include the professional Physical Education field. Brazil, 2022

Professional field	Number of programs	%
Nursing	75	97.4
Psychology	70	90.9
Nutrition	55	71.4
Physiotherapy	50	64.9
Social Work	49	63.6
Pharmacy	49	63.6
Dentistry	45	58.4
Speech Therapy	29	37.6
Occupational Therapy	28	36.3
Collective Health	12	15.5
Biomedicine	9	11.7
Veterinary Medicine	6	7.8
Biological Sciences	4	5.2
Health Sciences	1	1.3
Sanitary Engineering	1	1.3

Source: Authors

Figure 2 shows the focuses of the MHR programs in which the professional Physical Education field is present. The focuses of intervention with the highest occurrence of programs that include vacancies for the professional Physical Education field are those linked to Family Health (35 programs), followed by Mental Health (15 programs) and Collective Health (eight programs). Focuses of intervention such as Adult and Elderly Health (seven programs), Child and Adolescent Health (four programs) and Hospital Care (seven programs) have a smaller number of programs with vacancies for the professional Physical Education field. In their turn, focuses such as Palliative Care, Health Management, Integrative and Complementary Practices, Physical Rehabilitation, Women’s Health, and Health in the countryside presented only one program each with vacancies aimed at the professional Physical Education field.

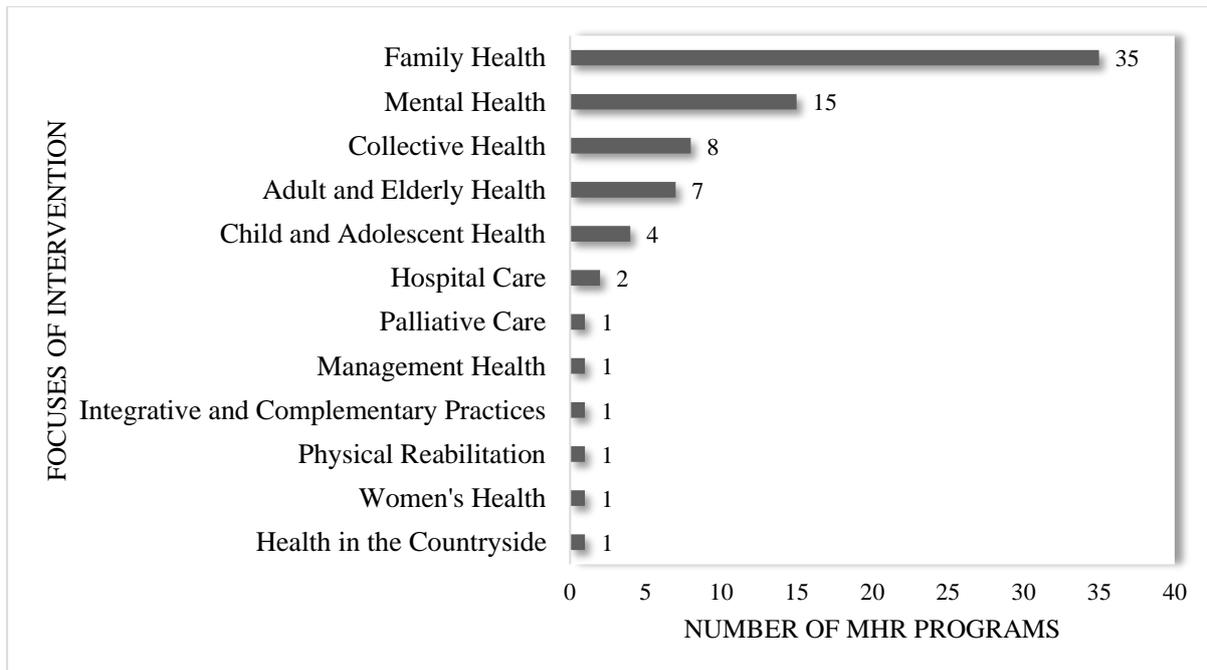


Figure 2. Number of multiprofessional residency programs in the professional health field, by focus of intervention, that include the professional Physical Education field. Brazil, 2022.

Source: Authors

Discussion

This study sought to characterize the offer of vacancies meant for the professional Physical Education field in Brazilian MHR programs. Its results show that there are 77 MHR programs offering 184 vacancies for PEPs in 2022. Of the total number of vacancies in the identified programs, only 7% are intended for Physical Education. The Northeast region has the largest number of Residency programs covering the professional Physical Education field and, consequently, the largest number of vacancies available annually, followed by the South. On the other hand, the Midwest region had the lowest number of programs that included the category. The focus of intervention that most comprehends the professional Physical Education field in MHR programs is Family Health. Additionally, Nursing appears as the professional field with the greatest presence in the identified programs, found in almost all investigated public notices for admission to the MHR programs.

An important result of the study was the greater presence of vacancies intended for the professional Physical Education field in the Northeast and South regions. A possible explanation for this fact is the pioneering spirit of these regions in proposals for multiprofessional intervention. In 1978, the Public Health School of Rio Grande do Sul [*Escola de Saúde Pública do Rio Grande do Sul*] (ESP/RS) proposed the first Multiprofessional Residency, derived from the Residency in Community Health program, an experience that served as a model for other states in the country, such as Pernambuco⁹. Thus, it is understood that the states of Rio Grande do Sul and Pernambuco differ from the others by providing greater opportunities for PEPs with regard to work in the SUS, through the MHRs. Moreover, the states, in relation to the others, have a greater variety of focuses, vacancies available in several cities, and a greater number of vacancies for PEPs. There is still, in general, a lack of sharing of experiences, which reflects in how the MHRs in these states can contribute to the professional practice of the category. We also identified fragility

in the sharing of experiences in these states that have a strong trajectory in MHR from an academic point of view, making it possible to systematize work carried out in the health field by Physical Education residents, where, until now, publications in this scenario are rare¹⁰.

The findings show Family Health as the most present focus of intervention in the MHR programs that include the professional Physical Education field as a participating category. This is due to the actions directly linked to the profession and its representativeness, firstly, in the National Health Promotion Policy, through the “bodily practices/physical activities” axis, which is closely linked to the Family Health Strategy. Additionally, this Policy presents the “Incorporation and implementation of health promotion actions, bodily practices and physical activity with an emphasis on Primary Health Care (PHC) scenarios” dimension as one of the objectives of the professional Physical Education field^{11,12}. This finding is corroborated by the presence of the PEP in the creation of the Support Center for Family Health in Primary Care (NASF-AB), through ordinance GM No. 154, January 24, 2008, with the main purpose of supporting the Family Health Strategies by means of multiprofessional work¹³.

It seems interesting that Physical Education can be strengthened in the PHC logic, given that some experiences have been accumulated since the National Physical Activity Network and subsequent implementation of the Health Gym Program^{14,15}. There certainly are conceptual and operational barriers to this intervention, many of them being found in the very professional Physical Education field¹⁶. However, the possibility of a professional linked to an expanded concept of health, considering the singularities of users and even presenting integrality and collective work in their praxis, can offer an indispensable maturing to this recent professional field in the face of public health policies.

On the other hand, the professional field that presented itself the most in the programs offering vacancies to the professional Physical Education field was Nursing, found in almost all of the identified MHR public notices. It can be considered that this results from the historical relevance of Nursing in MHR programs, as well as in the Family Health Strategy, with this profession being the first, followed by medicine, to have a residency program, in 1960 in São Paulo, in the same manners as those of existing Medical Residencies^{10,17}. Nursing, as a field already established in PHC, also articulates with the previously expanded information. Thus, Physical Education and Nursing are associated in the work of the MHRs and specifically in the Family Health Strategy, enabling a varied scope of interprofessional actions between the two fields.

Another important result for reflection is that the highest concentration of vacancies is in state capitals. Based on this information, it is possible to understand that the work of health agencies in state capitals differs from that in the other cities, due to specific variants such as demographic density and public health policies specific to each reality. It is also valid to consider the existence of a greater number of universities, colleges and education centers in the capitals, as well as more structured teaching-service actions in the Health Care Networks. This result evidences the reflection on opportunities for PEPs to act in the MHRs within the sociocultural context of towns, which weakens the understanding of different cultural realities in the SUS. Still, this difficulty presents a possibility of overcoming through the expansion of MHR programs in different locations in the states. In this way, PEPs can consider different SUS local contexts as a scenario for immersion. Here, it is possible to suggest an investigation related to the role of PEPs in MHR programs that already exist in small cities, enabling comparisons with their respective capitals, which allows the identification of PEPs' praxis in public health, regardless of contextual characteristics. Investigations such as this proposal allow the presentation of consistent elements with potential to justify the opening of new vacancies related to the professional Physical Education field, including in MHR programs in which the field is not yet covered.

As a limitation, we can consider the manual search for information at electronic addresses of all state secretariats, federal and state universities, and other websites. The first search strategy was to send e-mails in an attempt to contact managing bodies of the Ministries of Health and Education, in order to obtain accurate information about MHR programs in Brazil, especially those that offer vacancies in the professional Physical Education field. However, as no response was obtained, a manual electronic search was conducted. The places where information relating to the programs was found were blogs for the announcement of vacancies for MHR programs, as well as the websites of the proposing institutions themselves (Institutes and Universities). Therefore, it may not have been possible to identify all existing programs.

As a strength, we can consider the national coverage of the study, which allows for knowledge of the general panorama of the professional Physical Education field in the MHR programs in the country and the use of information on more related professional fields and the focuses of intervention that most consider the professional Physical Education field when distributing their vacancies. Additionally, the results of this study indicate the opportunity to create a national system to control and offer vacancies for all MHRs. In addition to facilitating access to information by the academic community, such system can contribute to strategic planning for professional training, according to the needs of each region. Moreover, it is possible to consider this study as material to foster investigations related to the intervention of Physical Education in the Public Health context, especially with regard to MHR programs.

Conclusion

This work presented a characterization of the offer of vacancies meant for the professional Physical Education field in Brazilian MHRs programs for 2022. The opportunity to reflect on the inequality of access to MHR programs, evidencing the need for a more equitable distribution of vacancies intended for the professional Physical Education field in the country, also becomes a point raised by the study. Furthermore, we believe that the presented information can be used as support material for other researchers interested in the field to establish mappings and investigation plans about the possibilities of the professional Physical Education field, or even of other professional areas in the health field.

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