



## PRACTICE OF PERMANENT EDUCATION BY NURSING CARE IN HEALTH SERVICES

### PRÁTICA DA EDUCAÇÃO PERMANENTE PELA ENFERMAGEM NOS SERVIÇOS DE SAÚDE PRÁCTICA DE LA EDUCACIÓN PERMANENTE POR LA ENFERMERÍA EN LOS SERVICIOS DE SALUD

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#### RESUMO

**Objetivo:** analisar as evidências disponíveis na literatura sobre a implementação da educação permanente em enfermagem nos serviços de saúde. **Método:** trata-se de revisão integrativa para a qual foi elaborada a questão de pesquisa: “Quais são as estratégias para a implementação da educação permanente em enfermagem nos serviços de saúde?”. A busca das informações foi realizada nas bases de dados LILACS e MEDLINE. Foram selecionados cinco artigos categorizados para a análise em 2 eixos: *As estratégias de intervenção da educação permanente* e *Os resultados das intervenções da educação permanente*. **Resultados:** constatou-se que as experiências disponíveis proporcionaram aproximações a estratégias para a implementação da educação permanente, mas não evidenciaram mudanças nos processos de trabalho, com impactos na qualidade da assistência e na melhoria das condições de trabalho. **Conclusão:** a estratégia do Sistema Único de Saúde (SUS) para a formação e o desenvolvimento de trabalhadores do setor ainda se mantém longe de ser cumprida. **Descritores:** educação em enfermagem; educação continuada; capacitação; serviço hospitalar de educação.

#### ABSTRACT

**Objective:** to analyze the evidence available in the literature on the implementation of permanent nursing education in the health services. **Method:** this is an integrative review for which a research question was prepared: “What are the strategies for the implementation of permanent nursing education in the health services?”. The search for information was carried out in the LILACS and MEDLINE databases. Five papers were selected and categorized into two axes: *The intervention strategies of permanent education* and *The results of permanent education interventions*. **Results:** it was found out that the experiences available provided approaches to strategies for the implementation of permanent education, but they didn’t show changes in the work processes, with impacts on the care quality and on the improvement of work conditions. **Conclusion:** the Unified Health System (SUS) strategy for the training and development of workers in the sector still remains far from being fulfilled. **Descriptors:** nursing education; continuing education; training; hospital education department.

#### RESUMEN

**Objetivo:** analizar las evidencias disponibles en la literatura acerca de la implementación de la educación permanente en enfermería en los servicios de salud. **Método:** esta es una revisión integradora para la cual fue elaborada la cuestión de investigación: “¿Cuáles son las estrategias para la implementación de la educación permanente en enfermería en los servicios de salud?”. La búsqueda de las informaciones fue realizada en las bases de datos LILACS y MEDLINE. Fueron seleccionados 5 artículos categorizados para el análisis en 2 ejes: *Las estrategias de intervención de la educación permanente* y *Los resultados de las intervenciones de la educación permanente*. **Resultados:** se constató que las experiencias disponibles proporcionaron aproximaciones a estrategias para la implementación de la educación permanente, pero no evidenciaron cambios en los procesos de trabajo, con impactos en la calidad de la atención y en la mejoría de las condiciones de trabajo. **Conclusión:** la estrategia del Sistema Único de Salud (SUS) para la formación y el desarrollo de trabajadores del sector aún está lejos de ser cumplida. **Descriptores:** educación en enfermería; educación continua; capacitación; servicio de educación en hospital.

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## INTRODUCTION

The world is constantly changing; technology shows new ways of production each day. The development of human ability glimpses the need for not stagnating at what was previously learned, encouraging the continuous search for new knowledge, under the perspective of tracking these transformations.

In all areas of knowledge, the search for an educational process which follows the professionals and promotes improvements in the work environments has been a constant process. In the health care area there is also this concern, due to the need of ensuring good quality assistance for the population.<sup>1</sup> The education aimed to the professionals who develop nursing activities in the health services was born with the aim of improving the health care practice.

Human being, as an unfinished being placed within the context of permanent knowledge evolution, has the need to be constantly creating and recreating her/himself, in order to achieve the desired collective professional development. This need leads to the benefit of a good quality of nursing care provided with regard to the actual demands from the population.<sup>1</sup>

In-service education is an indispensable action in the health services, however, the way how it has been developed didn't instigate nor allow changes which cause impact on the life of workers, on the development of daily activities, on the work process, and on the life status of the population assisted.<sup>2</sup>

Educational practices must have a critical nature and they have to be sharply reviewed, so that there's a possibility of belonging to services/professionals/students to whom they aim to reach, in a way that the knowledge constructed and acquired achieve a significant intersection between formal kinds of knowledge, advocated by scholars or experts, and kinds of knowledge enforcing realities, coming from professional practitioners, in order to allow self-analysis and, especially, self-management.<sup>3</sup>

However, the usual educational actions promoted in the health services aim to contribute to the reorganization of health services by upgrading the knowledge of professionals, without allowing conditions to rework this knowledge, given the actual conditions of services themselves.<sup>4</sup>

Within a whole context in which education includes itself in the work environment, it's

increasingly felt, on one hand, a need for an education which doesn't neglect the ontological propensity of man to be a subject, and, on the other, for not neglecting the peculiar conditions of the transition society, intensely changeable and contradictory.<sup>5</sup> For the Ministry of Health, continuing education is developed through educational activities constructed in a disconnected way with regard to management, system organization, and social control. These activities are timely, fragmented, and deplete themselves. Unlike continuing education, permanent education is enforced through educational activities constructed in a way connected to the measures to reorganize the health system as a whole, implying follow-up and technical support.<sup>6</sup>

Under the transformation perspective, permanent health education moves in the opposite direction to that of reproduction, seeking to break with socially accepted paradigms.<sup>7</sup>

In the 1990s, the Pan American Health Organization (PAHO) systematized the permanent education knowledge, pointing out a theoretical and methodological perspective, aiming at the establishment of permanent health education programs. In 2003, the Brazilian Ministry of Health took permanent education as a central idea of the policy for education management in the health care work, and it started developing significant inducing actions within the Unified Health System (SUS).<sup>8</sup>

According to the Portaria 198, enacted on February 13 2004, the Ministry of Health established, as a SUS strategy, the National Policy of Permanent Health Education for the training and development of workers in the sector.<sup>9</sup>

According to this policy, permanent education is the pedagogical concept, within the health care sector, to establish organic relations between teaching and the actions and services, and between teaching and health care, expanding, in the Brazilian Health Reform – in the relations between training and sector management –, the institutional development and the social control in health care. Permanent health education provides the aggregation between learning, critical reflection on work, and problem-solving in the clinics and in the collective health promotion.<sup>6</sup>

The proposal of permanent education points out the importance of the educational potential of the work process for its transformation. It aims to improve the quality

of care, the communication ability, and the social commitment between the health teams, the health system managers, the training institutions, and the social control. It aims to instigate the production of knowledge, through the appreciation of the subject's experience and culture, as well as the health work practices.<sup>10</sup>

Permanent education is a learning model in the work environment, in which learning and teaching are incorporated to the daily life of the organizations and work. In the context where this model is included, there's a need to better define the concepts of permanent and continuing education, not as antagonistic kinds within the system, but as processes which measure particularities through the teaching/learning relationship.<sup>10</sup>

The proposal of permanent health education under the perspective of transformation occurs through the articulation between theory and practice carried out by subjects-workers, mediated by institutional policies which support these actions. The possibilities of change through the actions of permanent health education can constitute ways to overcome the traditional modes of education by advocating educational activities included in the historical, social, economic, political and ethical contexts.<sup>7</sup>

Knowledge on the implementation of permanent education in the health services is of paramount importance as it allows to diagnose the educational status in the daily work of health professionals, seeking experiences of educational practices and their potentialities within the context of the working world.

This research aimed to analyze the evidence available in the literature on the implementation of permanent education in nursing care in the health services.

## METHOD

Integrative literature review study, characterized by the investigation of already existing studies, in order to obtain conclusions with regard to a particular topic; it's a broad methodological approach concerning the reviews, allowing the inclusion of experimental and non-experimental studies for understanding the phenomenon under analysis.<sup>11</sup>

To carry out this integrative review, six steps were covered<sup>12</sup>, namely:

♦ First step: the moment when the theme, aim, and keywords were set, and the following research question was established: "What are the strategies for the

implementation of permanent nursing education in the health services?".

♦ Second step: defined as *sampling* or *literature search*. The search and selection of scientific productions was performed by three reviewers in an independent manner to ensure the reliability of the process. Papers available in the electronic publishing model in the databases Latin American and Caribbean Health Sciences Literature (LILACS) and the Medical Literature Analysis and Retrieval System Online (MEDLINE) were used. The collection period was from November to December 2011. For the selection, the descriptors *continuing education*, *training*, and *hospital education department* were used, associating each one to the descriptor *nursing education*. The term *permanent education* wasn't used, due to the fact that it wasn't included in the Descriptors in Health Sciences of the Virtual Health Library (DeCS/VHL).

For the selection of scientific production, the reading of titles and abstracts was performed according to inclusion and exclusion criteria. The following inclusion criteria were established: papers from journals with full texts published, available in electronic means in Portuguese, English, and Spanish; studies where permanent nursing education was implemented in Brazilian health services; publications within the period from 2007 to 2011. The exclusion criteria were: papers where permanent nursing education was implemented in other countries or developed by other professionals than those of nursing. Forty papers were selected.

♦ Third step: characterized as *categorization of studies*. Extraction, organization, and summarization of information, with construction of a frame formed by the variables: publication year, journal, language, authors, study aim, strategies used to implement permanent education, and results achieved.

♦ Fourth step: moment for *evaluating the studies included in the review*. The selected papers were critically analyzed in a detailed manner, with the full reading of texts, seeking to achieve the aims of this study. After the inclusion and exclusion of studies, the sample totaled five papers.

♦ Fifth step: defined as *interpretation of results*. A discussion of results was performed, based on theoretical grounds, where the findings were clarified and analyzed under the light of the literature which approaches permanent education. Through this analysis, a

set of categories emerged, determining two axes:

- Axis 1: intervention strategies of permanent education;
- Axis 2: results of permanent education interventions.

At this step, through the criticism to the conclusions and implications arising from the integrative review, gaps which allowed us to propose suggestions and further researches for the implementation of permanent nursing education were identified.

◆ Sixth stage: consists of the *synthesis of knowledge/presentation of the review*. It was the moment when the synthesis of the available evidence on the implementation of

permanent education emerged. As a final product, the current status of knowledge on the theme investigated was found out, resulting in the evidence of the implementation of permanent nursing education in the health services.

RESULTS AND DISCUSSION

The distribution of the 5 papers selected for this research is described in Table 1. Regarding the publication year, 3 papers were published in 2010, 1 in 2009 and 1 in 2008. Concerning language, all 5 papers were published in Portuguese. As for the research country, all studies were developed in Brazil, according to one of the inclusion criteria.

Table 1. Distribution of papers according to publication year, database, language, and research country – Brazil – 2007 to 2011.

| N  | Publication year | Database | Language   | Research country |
|----|------------------|----------|------------|------------------|
| 01 | 2010             | LILACS   | Portuguese | Brazil           |
| 02 | 2010             | LILACS   | Portuguese | Brazil           |
| 03 | 2010             | LILACS   | Portuguese | Brazil           |
| 04 | 2009             | LILACS   | Portuguese | Brazil           |
| 05 | 2008             | LILACS   | Portuguese | Brazil           |

Source: Prepared by the authors.

Table 1 shows that the number of studies on the implementation of permanent education in the health services in Brazil is still small, and it doesn't reach the large number of studies suggesting this modality of education as a solution for some problems which nursing faces. One also observes that the studies are more concentrated in 2010, having in mind that the National Policy of Permanent Health Education was introduced as a SUS strategy in 2004.<sup>9</sup>

Given these findings, it becomes evident that in-service education in the nursing practice should no longer be just proposed and start being an action strategy with the aim of improving the work process as a whole. Our results show that there's a lack of actions to be developed in this education context.

Continuously, new professionals with different backgrounds start their work activities in SUS. These, along with other workers who deal with challenges already known, lack the connection between the training and the management institutions, in order to enable the creation of permanent education processes, offering spaces for training and critical reflection, with regard to

the problems and challenges faced by the public health in the regions and towns throughout the country.<sup>8</sup>

This way, what is expected from the training processes is, mainly, the improvement of personnel performance at all levels of care and all functions in the production process, in order to contribute to the development of new competences, such as leadership, decentralized management, self-management, and quality management, constituting a substrate for cultural transformations, according to the new trends, such as the generation of desirable management practices, care, and the relationships to the população.<sup>13</sup>

Besides the educational action itself, it's important to take into consideration that the components of training are an essential part of the strategy for institutional change, in order to be regarded as sustainable, with the possibility of reaching the pre-established purposes.

Table 2 shows the distribution of selected papers according to authors, journal where it was published, and state in the country where the study was carried out.

Table 2. Distribution of selected papers, according to authors, journal where it was published, and the study location – Brazil – 2007 to 2011.

| N  | Authors                                 | Journal            | Study location |
|----|-----------------------------------------|--------------------|----------------|
| 01 | Souza RCR, Soares E, Souza IAG, et al.  | Rev RENE           | Rio de Janeiro |
| 02 | Silva LMG, Gutiérrez MGR, Domenico EBL  | Acta Paul Enferm   | Sao Paulo      |
| 03 | Rodrigues ACS, Vieira GLC, Torres HC    | Rev Esc Enferm USP | Minas Gerais   |
| 04 | Mattos VZ, Stipp MAC                    | Acta Paul Enferm   | Rio de Janeiro |
| 05 | Munari DB, Nunes FC, Motta KAMB, et al. | Rev Enferm UERJ    | Goias          |

Source: Prepared by the authors.

Table 2 reveals that all studies were published in nursing journals. The authors of these studies are connected to graduate and undergraduate courses in nursing, with an effective participation of the health services, since among them there were professionals who carried out the process of implementing permanent education in the work environment, whether as a professional from the service or as a teacher or student from a higher education institution. This shows the importance of integration between teaching and service, contributing to the strengthening of SUS, guaranteeing the rights of people assisted at the services and those of health care workers.

Four studies were developed in the Southeastern and one in the Central-West Brazilian region. This fact reveals that the other regions of the country still couldn't develop actions which may be published and presented as experiences to other health services.

This reality was observed in a research which had as one of its aims to analyze the training policy of human resources for the Family Health Strategy (FHS) in Natal, Rio Grande do Norte, Brazil.<sup>14</sup> In this study, it was found out that the policy of human resources training developed by the Municipal Health Council (MHC) of Natal is still ruled by educational processes with a sporadic and discontinuous nature, something which doesn't characterize itself as a permanent education.

Besides, in the same study, the authors reported that, about the needs for training, the management representatives reported that democratic ways of identification are adopted, articulated to problems experienced at the local level. However, they recognize

that the access opportunities to this training are limited, favoring some professional categories, even with the established logic of teamwork, according to what is recommended by FHS.<sup>14</sup>

The lack of studies on the practice of permanent education in the Northeast region may reflect specific practices with little local impact, since there are structural factors of daily training practices which hinder its continuity.

One of these factors concerns the authorization of professionals to attend short-term educational processes which interest to the institution. The study in Natal reports that this authorization presents no problems, however, as there's no replacement for them, nor the adoption of standards ruling this authorization, conflictive or embarrassing situations with regard to attending longer courses are generated, even those related to their work area.<sup>14</sup>

The results below present two discussion axes categorized through the study object. Axis 1: intervention strategies of permanent education; and axis 2: results of permanent education interventions.

• **Axis 1: Intervention strategies of permanent education**

In the findings from the sample, the implementation strategies of permanent nursing education in the health services were identified, as described in Table 3.

**Table 3.** Description of strategies for the implementation of permanent nursing education in the health services – Brazil – 2007 to 2011.

| N  | Description of studies                                                                                                                                                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 | To know the demands, through the auditorship, related to nursing care and discuss its contribution to continuing education in a federal public hospital.                                                                                               |
| 02 | The virtual teaching environment <i>Moodle</i> was structured to in-service training. This is a semipresential educational project, for the control of surgical site infection, directed to nurses from a university hospital.                         |
| 03 | Educational workshops on diabetes, with a focus on the problematizations of the educational and professional process. Thus, there was an attempt to build a diabetes education program aimed at changing and reorienting the healthcare team practice. |
| 04 | Training program, entitled Trainee Program, included in the Sector of Continuing Education of the Pro-Cardiac Hospital, located in Rio de Janeiro.                                                                                                     |
| 05 | Awareness Workshop for Development of Management Skills held in the laboratory education model, involving nurse managers from a teaching hospital in the state of Goiás.                                                                               |

Source: Prepared by the authors.

The survey carried out revealed that the studies, in a general way, presented approaches to implementation strategies of permanent education, but they showed no transformations in the work processes

impacting on the quality of care and the improvement of work conditions.

In the first study, it was observed that through the demand presented by the population assisted it was possible to diagnose situations which should be changed in the

work environments, and they became the object worked on in the education of nursing professionals.

This way of surveying the problems found in nursing care, visible to the eyes of the population, and seeking ways to solve them is important, and it demonstrates the health service concern with the quality of care and the satisfaction of the assisted population.

To involve education in problems solving turns the educational moments into more critical and reflective ones and it provides them with actual and practical applications on the topic concerned. Theoretically grounding the needs for transformations in a given context, which can involve anything, from a change in the way of embracing the population or performing a technical procedure, or even the reorganization of a space for providing care.

Furthermore, based on the need that the educational practices constitute devices for the analysis of local experiences, taking into account the organization of actions in network/chain, promoting possibilities of connection between training, teacher development, changes in the management and health care practices, so that popular participation can be strengthened and local knowledge are appreciated.<sup>3</sup>

The educational strategy, in the second study, sought to actively involve the professionals, aiming at a collective construction of the current operating conditions. The completion of the study allowed the discussion of the procedure models used by the nursing team in the care to people undergoing surgical treatment, where it was possible to compare these models to those recommended by the current literature on the subject, aiming to implement better practices. For this comparison, the study participants used the virtual learning environment *Moodle*, for developing tasks for the study and reflection on the nursing care offered. A current education strategy became apparent, by using the virtual technology, which allowed the nursing professionals to construct and acquire knowledge for changing the procedures previously adopted, using scientific evidence.

Investment in personnel qualification, when well-planned and developed, can produce positive changes in people's performance. However, for the training and development programs of the personnel to achieve the expected results, the interaction between this institutional structure and the aims of the proposals must be harmonized.<sup>8</sup>

The third study searched, through problematizing educational workshops, for an educational process which would allow the reflection on the health staff practice, aiming at the modification and reorientation. Educational games were developed, playful dynamics, case study, panel, and lectures with the participants in the workshop. The process involved all professionals from the health staff in the service. This way of bringing education to the work process is valid and it allows the actions developed in the daily work to be rethought by all together, but it must not be held on a timely basis, since it doesn't generate significant changes in the health care of the population in the long term.

It's important that, in the education departments of health services, the permanent education processes follow the problematizing pedagogical conception, in order to lead to understanding, critical reflection on the practice, and construction of knowledge, stimulating ways of creative and intelligent thinking, fostering personal and social development, as well as the reflection ability of workers in the service.<sup>15</sup>

Bringing education closer to everyday life is the result of recognizing the educational potential of the work situation, i.e., one also learns at work. It's when the day to day situations turn into learning, analyzing and reflecting on the problems found in practice and appreciating the work process itself within its intrinsic context. Focused on the work process, this perspective refers to the whole staff, including physicians, nurses, administrative personnel, teachers, social workers, and all the actors who form the group.<sup>16</sup>

The fourth study developed a training program, called Trainee Program. This program was organized to train newly graduated nurses and it aimed to expand the theoretical and practical knowledge, as well as clinical and reflective analysis, allowing a greater emotional preparation, reducing anxieties, while it expands the technical and professional competence, also constituting a model to obtain human resources for other specialties within the institution itself.

In the fifth study, sensitization workshops were developed to improve managerial skills. For this, a laboratory education model was prepared, involving nurse managers. The educational moments experienced in this modality of workshop allow critical reflection on the performance of professionals, but they don't turn apparent that this constituted an impetus for changes in the work process. They

are very relevant moments, which must be continuously performed, since their effects are apparent in the processes.

The concept of workshops as "a time and a place for learning; an active process of mutual transformation between subject and object; a path with alternatives, with balances which gradually bring us closer to the object we aim to know".<sup>17</sup>

A workshop is an opportunity to experience concrete and significant situations, based on the tripod feel/think/act, with pedagogical aims. In this sense, the workshop methodology shifts the traditional focus of learning

(cognition), thus incorporating action and reflection, i.e., in a workshop occur appropriation, construction, and production of theoretical and practical knowledge, in an active and reflective way.<sup>17</sup>

● **Axis 2: Results of permanent education interventions**

Table 4 describes the results of interventions for implementation of permanent nursing education in the health services.

**Table 4.** Description of results from the nursing permanent education interventions implemented in the health services – Brazil – 2007 to 2011.

| N  | Results of permanent education interventions                                                                                                                                                                                                                                                                                                                                                                           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 | One considered the importance of the auditorship service to improve the nursing practice, having in mind the contributions extracted from the context of the demands and that the interdisciplinary relationship allows us to perceive and evaluate the needs highlighted.                                                                                                                                             |
| 02 | The resource of <i>Moodle</i> helped for choosing teaching strategies in order to update, generate the exposure of ideas, promote integration and collective construction of propositions.                                                                                                                                                                                                                             |
| 03 | Permanent education contributed to the integration of individuals, strengthening professional commitment and developing the group consciousness. The experience of including teaching in the daily living of health teams favored the progress of integration between university, health service, and community, fostering the planning and organization of the educational program, appreciating interdisciplinarity. |
| 04 | Program which is providing in-service training, under the supervision of nurses monitoring continuing education. It presents a proposal for the training of newly graduated nurses, while seeking to create spaces for knowledge exchange and the creation of an institutional policy for inclusion of nurses in the labor market.                                                                                     |
| 05 | The knowledge and managerial skills enabled technical and human improvement, enhancing the ability to read the team's needs in the search for qualified assistance; the methodology adopted showed to be effective as a tool for continuing education.                                                                                                                                                                 |

Source: Prepared by the authors.

Table 4 shows that the different strategies and tools used to implement educational situations for nursing professionals resulted in problem-solving ways to acquire and update knowledge and exchange of experiences, with construction moments and pedagogical spaces, interaction between learning and service, and assessment of the services concerned.

Some studies used the educational proposal in a fragmented way in the work process. They could deepen the actions until achieving effective transformations in their work environments. One notices that most studies focused the strategies of permanent education on professional training, more specifically on the acquisition of knowledge.

In the scientific productions under study, in general, permanent education is indicated as the solution to some problems of the health services, however, one can't show its presence in the work environments as it's found in its theoretical proposal. It's clear that the professionals who participate in educational moments in the work environments start rethinking their practices and feel safer with the acquisition of new

knowledge. Nevertheless, knowledge must come tied to conditions and work processes which enable the consolidation of improvement in the care practices.

In the health services, a part of the effort to achieve learning takes place through training, i.e. previously planned actions which aim to strengthen skills, knowledge, attitudes, and practices. Nevertheless, training is influenced by a variety of conditions, whether political, institutional, cultural, or ideological, which indicate the space in which training can work on its possibilities and limits. Besides the educational action, one expects that the components of training are a key part of the strategy for institutional change, however, a strategy which put these actions in a position of progressive and systematic achievement is seldom established.<sup>16</sup>

This way, the educational moments in the services must, on the one hand, be an opportunity to address the problems faced by nurses and, on the other, constitute spaces where sharing of problems is possible.<sup>18</sup>

## CONCLUSION

Permanent nursing education in the health services still isn't a much explored aspect in the scientific literature with regard to the implementation in the health services, since, in Brazil, the Southeast and Central-West regions are the leaders in these studies.

Among the possibilities for permanent education, the study showed that the auditorship service proved to be important, as it realize and evaluate the users' needs and ensure the improvement of nursing care. Another practice identified was the use of the virtual learning environment *Moodle* for in-service training on the control of surgical site infection.

As permanent education experiences described in the studies, problem-solving educational workshops also stood out, they contributed to the integration of individuals and awareness with regard to the development of managerial skills.

The experiences found are related to the approaches to strategies for the implementation of permanent education, but they didn't show transformations in the work processes which impact on the quality of care and on the improvement of the work conditions.

Despite the national political progress with regard to the permanent health education as a SUS strategy for the training and development of workers for the sector, and, even in face of the need of implementation, it was noticed that the current situation still remains far from being fulfilled.

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