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ORIGINAL ARTICLE

FOUR PILLARS OF EDUCATION FOR THE TWENTY-FIRST CENTURY IN THE CONTINUING EDUCATION OF HEALTH PROFESSIONALS

QUATRO PILARES DA EDUCAÇÃO PARA O SÉCULO XXI NA FORMAÇÃO PERMANENTE DO PROFISSIONAL DA SAÚDE

LOS CUATRO PILARES DE LA EDUCACIÓN PARA EL SIGLO XXI EN LA FORMACIÓN PERMANENTE DEL PROFESIONAL DE LA SALUD

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ABSTRACT

Objective: to know how the four pillars of education for the twenty-first century may influence the continuing education of health professionals taking as basis the conception of managers of a public hospital. **Method:** exploratory, descriptive and participative study with qualitative approach developed with 16 managers of a public hospital in João Pessoa-PB. The technique of thematic content analysis was used. **Results:** it was shown that health professionals must constantly seek technical and scientific knowledge, but managers need to increasingly improve their knowledge on management in the health area; the ability to work as a team was considered one of the most essential skills. **Conclusion:** it is recommended that the planning, implementation and evaluation of professional educational activities be anchored on the pillars of education for the twenty-first century. **Descriptors:** Education; Health Professional; Management.

RESUMO

Objetivo: conhecer, a partir concepção dos gerentes de um hospital público, como os quatro pilares da educação para o século XXI podem influenciar na formação permanente do profissional na área da saúde. **Método:** estudo exploratório, descritivo, participante, com abordagem qualitativa, desenvolvido com 16 gerentes de um hospital público de João Pessoa-PB. Utilizou-se a técnica de análise temática do conteúdo. **Resultados:** evidenciou-se que os profissionais da saúde devem buscar permanentemente conhecimentos técnico-científicos, entretanto, os gerentes necessitam aprimorar, cada vez mais, os conhecimentos sobre gestão em saúde; a capacidade de trabalhar em equipe foi considerada uma das habilidades mais essenciais. **Conclusão:** recomenda-se que o planejamento, a implementação e a avaliação das ações educativas profissionais sejam ancorados nos pilares da educação para o século XXI. **Descritores:** Educação; Profissional da Saúde; Gerência.

RESUMEN

Objetivo: conocer, a partir de la concepción de los gerentes de un hospital público, cómo los cuatro pilares de la educación para el siglo XXI pueden influir en la formación permanente del profesional en el área de la salud. **Método:** estudio exploratorio, descriptivo, participante, con enfoque cualitativo, desarrollado con 16 gerentes de un hospital público de João Pessoa-PB. Se utilizó la técnica de análisis temática del contenido. **Resultados:** se evidenció que los profesionales de la salud deben buscar permanentemente conocimientos técnico-científicos, sin embargo, los gerentes necesitan aprimorar, cada vez más, los conocimientos sobre gestión en salud; la capacidad de trabajar en equipo fue considerada una de las habilidades más esenciales. **Conclusión:** se recomiendae que el planeamiento, la implementación y la evaluación de las acciones educativas profesionales sean basados en los pilares de la educación para el siglo XXI. **Descriptores:** Educación; Personal de Salud; Gerencia.

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INTRODUCTION

Technological, social and cultural changes, among others, occur at an accelerated pace and modify the functioning of the various organizations in a complex and globalized manner. In this sense, it becomes clear that the best performance of health facilities has a direct relationship with the way educational and management initiatives are conducted. In this scenario, education and professional practice stand out as emerging issues in the health area worldwide.¹

In the case of hospitals, management assumes redoubled complexity because of the many variables involved in the relationship health vs. disease, and the victory of health/life process over disease/death process is subordinated to knowledge, skills and attitudes of managers and of other members of the multidisciplinary team.

This reality requires information and new knowledge to establish the necessary innovations. However, traditional and verticalized paradigms no longer respond efficiently and effectively to new demands. Therefore, an organized planning proposal able to (re)direct education and management processes is necessary. In this context, life-long learning sustained on the four pillars of education for the twenty-first century according to UNESCO is able to bring about significant changes in the global training of professionals and, consequently, to improve the health care, because the "adult person now lives in a crossroads; as a social subject, lives entrenched".^{2:77} In one of the ways of this crossroads lie the growing demand for long-lasting training and learning and, on the other way, there has been a demand for (re)configuration in the labor scenario, which includes changes in the training and management of professional apprenticeships.

Concerning the meanings of the pillars of education, learning to know is concurrently the very purpose and the means to attain it.³ It is the means to attain it because it is essential to learn to understand the world so that professional and communication skills may be developed and also, one may live with dignity. But it is also the purpose because it is the foundation and the joy of understanding, knowing and discerning.

Learning to do, in turn, is linked to vocational training and is revealed through the practice of the acquired knowledge and through the suitability to work besides encompassing the notion of qualification and competence. Learning to live together is one of the biggest challenges for education. This

should encourage more harmonious social life, giving space for the discovery of one another, of oneself and of the world. Learning to be is something that contemplates the complete development of a person in the physical and spiritual realms, with all the complexities and diversity, trying to rescue the essence of being human, and with respect to the professional, it encompasses the individual and interactive social aspects.

The abovementioned considerations raised the goal of knowing, through the stance of sector managers of a public hospital, how the four pillars of education for the twenty-first century, namely, learning to know, learning to do, learning to live together and learning to be, may influence the ongoing training of health professionals. This is especially significant because of the challenges of professional and managerial learning resulting from the growing demand for increasingly qualified health care that requires, beyond the individual level, professionals much more committed with the acquisition of knowledge, skills and dialectics and problematical attitudes.

METHOD

This study was extracted from the dissertation << **Health management: a proposal for improvements according to the four pillars of education for the twenty-first century** >> presented to the professional master's program in management in learning organizations of UFPB in 2013.

Field study with descriptive, exploratory, participative and qualitative approach developed in a mid-sized public general state hospital, with 152 beds, in the period May through July 2013.

The research unfolded in two stages. The first was held in three theorists meetings and reflective discussion on learning in the work context and on the pillars of education for the twenty-first century. At this stage, ten managers who are representatives of the direct patient assistance sector, continued education sector and social assistance, participated. These three meetings were recorded and filmed and the oral content was transcribed and presented to informants for their consent. The second phase consisted of another meeting. This time, in addition to the participants of the first phase, managers who are representatives of the administrative and the supporting sectors, that is, hotels, shopping, computers, reception and chart review, were also included. Then, records were transcribed and submitted to informants. A questionnaire on the skills of

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managers and of the managed subjects and on the possible professional training strategies available in the work field of health service was used. In both stages, a field diary was used for aiding processing data.

The questionnaire was submitted to a pretest with three managers of the same hospital, but who were not involved in the research as informants.

Participants were selected through non-probabilistic intentional sampling. In the second stage, the inclusion criteria were cumulative. These were: a) person with experience as manager of a sector in the hospital or other service for at least one year; b) person who manages any hospital sector whose services are directly linked to the attention to users, or to continuing education of professionals, or to the demands of users regarding the performance of professionals. In the second moment of collection, inclusive criteria cumulative, as follows: a) person with experience as a manager in the hospital or other service for at least one year; b) person who manages any of the hospital sectors linked to care, administration and support services. Exclusion criteria were alternative, namely: a) have a position/role in the director and/or supervisor in the hospital; or b) have less than one year of experience as a manager in the hospital or other health service.

In order to facilitate the exploration of material and dissemination of results respecting ethical standards, all subjects received alphanumeric characters "M1" to "M16".

Data were organized, systematized and analyzed according to the content analysis proposed by Bardin.⁴

The research followed the ethical recommendations of the Resolution 466/2012⁵ of the National Health Council and was approved by the Ethics Committee of the Federal University of Paraíba-UFPB, and received the CAAE number 1102.9712.4.00005.5188.

RESULTS AND DISCUSSION

As for managerial and professional skills related to the pillar of learning to know, through the conception of informants, it was evidenced that the technical and scientific training was mentioned as something necessary for both, managers and for those managed, so that they can learn to better understand their duties. However participants said that in relation to the managed subjects, that "education should be proven" (M1, M2,

M6) and that they should have "basic knowledge" (M6).

The frequent mention of technical and scientific knowledge revealed that the subjects consider these aspects essential to the achievement of the pillar learning to know. In this regard, it is alleged that the precariousness of school conditions, lack of respect for creativity, bullies the learner, among others, may be harmful to the self-organization of learning experiences.⁶ This is called "the crisis of confidence in professional knowledge"^{7:18} as a correspondent of a similar crisis in education, because, while from one hand specialized professions are accused of inefficiency and inadequacy, on the other hand, schools are charged of failing to teach the basics of ethical and effective practice.

On the other hand, technical and scientific update is only one facet of transformation of practices in health care and not its only one focus. Thus, training proposals should be contextualized in the labor reality and should come along the appreciation of workers.⁸

In the competency "posture oriented to the search for permanent learning" are gathered all models of permanent learning mentioned by participants: qualification, refresher, training and updating courses.

The quotes made by the subjects to permanent learning indicate that they reached the understanding that learning throughout life must be a constant in itself and in its managed subjects. Regarding this finding, it is noted that the effectiveness of training as social and economic resources must be conceived as a process that is not restricted to school/university education, but it regards the whole course of life.⁹

Data revealed that the subjectivity of people is valued by the subjects in the proportion they reported knowledge about the reality of the managed in an individualized manner, as a competence allusive to managers. In this sense, in order that organizational change may occur, prescription leaves the work operations and moves to the objectives and results of professional activity and the attention turns, or at least should turn, to the subjectivity of each individual as an important individual in itself in the construction of the collective, of the team.¹⁰

On the competencies that are inherent to the pillar learning to do, data revealed that the "ability to do according to the standard operating procedures" and the "ability to do what is their responsibility" are common to both professional categories, and therefore, "there is no teaching without learners"^{11:22}. Similarly, it is stated that "a great teacher is

someone who makes the people around him to learn"^{12: 422}, is someone who creates opportunities for learning and attracts people into this space. Confirming the alleged, the managers said that they have the duty to "educate the managed people" (M11) and the managed people have the duty to "impart knowledge" (M11). With this, participants demonstrate understanding that both classes are indispensable in the process of continuous learning in the context of work. However, education goes much beyond transmitting and acquiring knowledge. It includes proposals containing the formulation of public policies, up to environments where the process of teaching and learning and reorienting health services in addition to medical and curative treatment happen.¹³

The study also showed that managers believe that they must be holders of the set technical knowledge of the area they manage, which give them legitimate right to demand the proper performance of other members of their teams and to assist operationally those in need. Thus, confirming the manager-surgeon metaphor, which illustrates that the manager-surgeon must know how to carry out, skillfully, procedures performed by its managed subjects, for he is the expert that gather assistants around himself.¹⁴ This level of proficiency gives support to the managerial practice and provides assistance to the team members in performing the tasks. Thus, the reports of managers referring to themselves read: "knowing how to do the procedures and provide training to managed" (M6). "Helping in equal manner my subordinates" (M15). "Knowing how to carry out the functions of subordinates in order to be able to demand from them" (M11).

They added that among the skills that they must have is the ability to "develop simplified ways to perform tasks efficiently" (M11). This information is important for any organization, particularly for those with meager resources to perform the famous social function of health provision, since it reveals the conception of the study subjects that knowing how to do, in the case of the manager, is something that results in efficiency. In this regard, it is explained that efficiency is the achievement of organizational objectives with economy.¹⁴ Similarly, "the culture of quality is an approach focused on the continuous pursuit of meeting the needs and exceeding the expectations of customers".^{15:7}

Regarding the knowing how to carry out procedures with safety, it was demonstrated that the respondents wish that both, managers and managed, follow the protocols

or standard operating procedures. This salutary zeal is possibly due to the regulation of the Ministry of Health that requires that care services, whether public or private, standardize their professional procedures with a view to safety of customers and professionals and best quality of care indicators.

The responses also confirmed that managers understand that they must have the attitude of "practice what you learned from the involvement with the managed subjects" (M7). "Exchange experience" (M4). "Interacting with the team" (M5). "Engage managed subjects in activities" (M1, M5). They mentioned the terms such as "multiprofessionality" (M16), "transversality" (M16), "interdisciplinarity" (M13), "treat equally" (M15) as evidence that they consider these points relevant to learning practices strongly disseminated by Freire (2011), by the Policy of Permanent Education in Health by UNESCO and the theory of learning organizations.

Professionals under the influence of the training restricted to their own area tend to work isolated¹, but interdisciplinarity is much more than the mere juxtaposition of disciplines: it is the dialogue between the various areas of knowledge in recognition of the limitations of an isolated discipline; multidisciplinary or pluridisciplinary is any scientific and pedagogical project built with the participation of several experts; transversality is the quality of obliquely pervade, as opposed to the linear.⁶

Subjects recommend that the working practices of managed should be focused on the real needs of customers, "provide the best service to their customers" (M2). Consequently, they oppose to the automation and passivity of the professional, by highlighting that the managed must have the ability to "think while performing an activity" (M16). Regarding this finding, it is theorized that learning is much more than "internalization of information, as this implies passivity, listening, following instructions and seeking to please".^{12:41}

As regards the competencies inherent to the pillar learning to live together, informants brought to mind that the "ability to work as a team" is one of the most necessary, 69% of managers cited this as a key competence for both managers and managed. This way they demonstrate the importance of interpersonal relations in the management, learning and working processes. Still referring to subjective relationships, the spontaneous quotation of capabilities such as "interaction and harmony,

to overcome individualism" (M1, M2) is notable. With these assertions, it was revealed that the subjects feel that it is essential to all, managers and managed, to have what is usually called "human skills", such as the "ability to work effectively with people" in order to achieve the desired results in teamwork.¹⁶

Regarding the whole vision, commonly, people learn, very early, to dismantle problems, fragmenting the world. For this reason they lose the intrinsic sense of connection with the whole.¹² In this opportunity, being able to see the whole is the ability to understand the interaction and interdependence of the components in a comprehensive manner, seeing trends and possible potential actions to influence the future.¹⁵ Thus, teamwork is an ability to "develop shared actions, catalyzing efforts through mutual cooperation".^{15:45}

The capacity of communicating is linked to the interaction with people and translates into knowing how to listen, process and understand the message and the ability to transmit information and argue clearly and coherently.¹⁵

Health education is highly communicative and aims to reach people of different cultural and intellectual levels. For this reason, this is an essential requirement for all health professionals. Moreover, it is emphasized that the discussion of work processes is guided by identifying the real problems of the labor field and of interpersonal communication.¹⁷

The minimal communication must be combated. The habit of minimal communication is a difficult issue, heritage from the Taylorism that today is no longer admissible.¹⁰ Especially in the service activities, the subjects must commit themselves to the establishment of the "authentic communication", understood as the process by which to establish mutual understanding and forms a common meaning, culminating in the understanding of the actions developed in the organization.

Regarding the other managed professionals, subjects believe that it is relevant "to socialize the experience" (M1), as a testimony that learning is multidirectional, flowing from all. Learning through sharing of experiences is relevant to all multidisciplinary components, including managers. Thus, it follows that "all experiences in the workplace are sources of learning"^{18:161} and a skill is acquired or enhanced when the manager increases his experiences of professional situations, using his formal knowledge and experience of work and personal life in a reflective way.

Informants also highlighted that the managed should "control impulses and self-centeredness" (M16) which brings to mind the discipline personal domain. This discipline, despite of being based on skills, goes beyond the competence and incorporates the continuous clarification of what is important for people and constant learning from the clear view of the current reality. Having personal domain does not mean having "dominance over people or things", but it means to produce the best results in all aspects of professional and personal life.¹²

In relation to the competencies inherent to the pillar learning to be, according to the surveyed data, it is noted that here is found the junction of the competencies mentioned in the previous three pillars. By learning to be, education must consider all the possibilities of the individual and the junction of all the pillars of knowledge in order to better develop the personality and prepare people to act with ever greater capacity, autonomy, discernment, communicability, among other attributes.³ Absorbing knowledge it is not enough to ensure a more promising future.¹⁹ The school cannot be a merely technical training; this has to be interwoven with the moral training.¹¹

In this pillar, humility was the jurisdiction most recalled by subjects, for both, managers and managed. It is noted that humility makes room for continuous learning. Thus the more the person learns, the more becomes clear the certainty of ignorance.¹²

For the managed, besides the referenced humility, the ethical attitude was also strongly emphasized. Perhaps the competencies listed by the subjects in this pillar must be given to the degree of difficulty that subjective differences create when considering the complexity of the human personality. However, the team learning involves dealing with oppositions in a creative manner, despite being a shortage within organizations.¹² However, "successful organizations are those that cultivate the ability and commitment to learn at all levels".^{12:28}

FINAL CONSIDERATIONS

The study made it possible to know, based on the conception of managers of a public hospital, how the four pillars of education for the twenty-first century, namely, learning to know, learning to do, learning to live together and learning to be, may influence the ongoing professional training in the health area.

In the perspective of managers, there is recognition of weaknesses related to

professional competencies and, in particular, on the management of the various services that are part of the public hospital organization. On the other hand, positively, the survey indicated that such professionals, when in the labor scenario, wish to overcome the challenges of learning, incorporating the learning and teaching in the daily work to promote improvements in the difficult current situation of public health. In all this, the application of the pillars of education presents itself as a mean to facilitate the achievement of this desideratum.

The importance of applying the four pillars comes from the notion that, in the process of learning that transcends the individual dimension and reaches the collective, all pillars are inseparable. By learning to know, the dynamic knowledge, that is the basis for learning to do in a safe professional practice for performers and their clients, is consolidated. Through learning to live together there will certainly be more satisfying interpersonal relationships in the workplace. Through learning to be, the professional can satisfy the expectations of society, which is currently deprived of effective responses for the actual or potential problems that suffers.

It is expected that the reflections in this study may broaden the debate among training institutions, students, professionals, managers and other members of the society on the issue of education when the professional is already inserted in the labor space and about filling the possible gaps related to training on management in the health area.

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