



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

CONTINUING HEALTH EDUCATION: DISCUSSION OF EDUCATIONAL PRACTICES IN THE FAMILY HEALTH STRATEGY

EDUCAÇÃO PERMANENTE EM SAÚDE: DISCUSSÃO DAS PRÁTICAS EDUCATIVAS NA ESTRATEGIA DE SAÚDE DA FAMÍLIA

EDUCACIÓN PERMANENTE EN SALUD: DISCUSIÓN DE PRÁCTICAS EDUCATIVAS EN LA ESTRATEGIA DE SALUD FAMILIAR

Eliane dos Santos Bomfim¹, Igor Brasil de Araújo², Bruno Gonçalves de Oliveira³, Ramon Missias Moreira⁴, Roseanne Montargil Rocha⁵, Rita Narriman Silva de Oliveira Boery⁶

ABSTRACT

Objective: to discuss the permanent health education on the practices of family health teams. **Method:** a descriptive study with qualitative approach. Data were collected from the interview semi-structured application from April to June 2014 with the participation of six health professionals of family health strategy. For the analysis of the interviews, we used the content analysis technique. **Results:** from the analysis of the data two categories emerged: << Continuing Education in Health as a strategy for discussion and problem solving >> and << Continuing Education contributing to the consolidation of FHS >>. **Conclusion:** the continuing health education contributes to a process of reorientation of workers' practices for training, qualification of health professionals, promoting the improvement of quality of care. **Descriptors:** Continuing Education; **Descriptors:** Continuing Education; Family Health Strategy; Health.

RESUMO

Objetivo: discutir a educação permanente em saúde diante das práticas das equipes de saúde da família. **Método:** estudo descritivo com abordagem qualitativa. Os dados foram coletados a partir da aplicação de entrevista semiestruturada nos meses de abril a junho de 2014 com a participação de seis profissionais de saúde da estratégia de saúde da família. Para a análise das entrevistas, foi utilizada a Técnica de Análise de conteúdo. **Resultados:** a partir da análise dos dados emergiram duas categorias << A Educação Permanente em Saúde como estratégia para discussão e resolução de problemas >>, e << Educação Permanente contribuindo para a consolidação da ESF >>. **Conclusão:** a educação permanente em saúde contribui para um processo de reorientação das práticas dos trabalhadores, pela capacitação, qualificação dos profissionais da saúde, favorecendo a melhoria da qualidade da assistência. **Descritores:** Educação Permanente; Estratégia de Saúde da Família; Saúde.

RESUMEN

Objetivo: analizar la educación sanitaria permanente en las prácticas de los equipos de salud familiar. **Método:** estudio descriptivo con enfoque cualitativo. Se recogieron datos de la aplicación semiestructurada entrevista entre abril y junio 2014, con la participación de seis profesionales de la salud de la estrategia de salud de la familia. Para el análisis de las entrevistas, se utilizó la técnica de análisis de contenido. **Resultados:** a partir del análisis de los datos emergieron dos categorías << Educación Continua en Salud como estrategia para la discusión y resolución de problemas >> y << Educación Continua contribuir a la consolidación de FHS >>. **Conclusión:** la continua educación para la salud contribuye a un proceso de reorientación de las prácticas de los trabajadores para la formación, la cualificación de los profesionales de la salud, la promoción de la mejora de la calidad de la atención. **Descriptores:** Educación Continua; Estrategia Salud de la Familia; Salud.

¹Nurse, Master degree student, Graduate Program in Nursing and Health, Universidade Estadual do Sudoeste da Bahia/PPGES/UESB. Jequié (BA), Brazil. Email: elianebofim17@gmail.com; ²Nurse, Master professor, Nursing degree, Universidade do Estado da Bahia/UESB. Senhor do Bonfim (BA), Brazil. Email: brasilsoeu@gmail.com; ³Nurse, Master in Health Science, Doctoral student of Graduate Program in Nursing and Health, Universidade Estadual do Sudoeste da Bahia/PPGES/UESB. Jequié (BA), Brazil. E-mail: Brunoxrmf5@gmail.com; ⁴Physical educator, Master, Doctoral student, Universidade Federal da Bahia/UFBA. Salvador (BA), Brazil. E-mail: ramonefisica@hotmail.com; ⁵Nurse, Doctor (Post-Doctorate). Professor of Nursing Course at Universidade Estadual de Santa Cruz/UESC, Ilhéus (BA), and of the Graduate Program in Nursing and Health, State University of Southwest Bahia/PPGES/UESB. Doctor Professor, Nursing degree, Universidade Estadual do Sudoeste da Bahia, Ilhéus (BA), Brazil. E-mail: roseannemontargil@gmail.com; ⁶Nurse, Doctor (Post-doctorate). Professor of Nursing Course in the Graduate Program in Nursing and Health, Universidade Estadual do Sudoeste da Bahia/PPGES/UESB. Jequié (BA), Brazil. E-mail: rboery@gmail.com

INTRODUCTION

The Primary Health Care (PHC) in Brazil aims to meet the health needs of the population by the services offered. Since 1994, it has been reoriented by the Family Health Strategy (ESF), which is characterized by actions of comprehensive, individual and collective care for families, following the precepts of the Unified Health System (SUS).¹ In this context, it emerged as a strategy of the National Health System, the National Policy of Permanent Education in Health (PNEPS), disseminated by Ordinance 198 by the Ministry of Health, February 13, 2004, in order to train and develop employees, allowing the identification of needs in the health area and building strategies and processes that qualify attention and health management, strengthening the social control in order to produce a positive impact on individual and collective health of population.^{2,3}

The EPS is considered a training quadrilateral, which is made up of elements that interact and articulate the production of new knowledge and practices. Among the elements, teaching corresponds to training based on the production of subjectivity, technical skills, thoughts and adequate knowledge about the National Health System. In addition, the realization of health care practices are problematical action, which allow the construction of new health practices, in view of the challenges of comprehensiveness, humanization and inclusion of users in the therapeutic planning.⁴

Followed by sectorial management that seeks to ensure care networks to the health needs of the population and considering user satisfaction with respect to health care; and social control with the presence of society in social movements in support of the struggle for health, formulation, execution and construction of care to social needs by health.^{4,5}

The Continuing Health Education (EPS) is the service management policy, where the skills of health work processes happens from questioning the setting of practice with aiming the resolution, completeness and humanization of attention.⁶ Currently it is considered an important tool in the pursuit of critical reflection on the daily practices in health services, providing changes in the labor process, the conduct of professionals.

Therefore, it should be noted that EPS policy consists of a proposal that aims at the transformation of work in the area on health, encouraging the performance critical, reflective, engaged and technique, respect for

regional characteristics and the specific demands of worker training.^{7,8}

Continuing education also contributes to the transformation of the training process, the organization of care and coordination between the services, the management and institutions. Thus, this study aims:

- To discuss the permanent health education on the practices of family health teams.

METHOD

A descriptive study of qualitative approach,⁹ held in the city of Senhor do Bonfim, Bahia, between April to June 2014. We selected six workers who work in the Family Health Strategy. The number of participants was established by the saturation criterion, which is comprised by Minayo⁹ as knowledge formed by the researcher in the field when the contents of the interviews become repetitive, responding to the objective of the research.

They were used as collection instrument data to semi-structured interview, followed by a script containing generating questions. The interviews were recorded and transcribed exactly. For the analysis of the interviews, being used to content analyze.¹⁰ The participants were identified by codes in order to maintain the confidentiality of their identity. To identify workers was used the letter T.

The study followed the criteria and procedures for data collection involving human subjects according to Resolution 466/2012 of the National Health Council, which deals with the ethical and legal aspects of research, having started after approval by the ethics committee (CEP) of Universidade do Estado da Bahia, under 35,299 and CAAE 02267312.4.0000.0057. When starting collecting data, participants who agreed to participate signed the free informed consent Informed Consent.

RESULTS AND DISCUSSION

Study participants were six professionals of Primary Health, distributed in professions: nurse, nursing technicians, community health worker and doctor. From these, three have completed high school and three have a college degree. Specializations of workers with higher education are in family health, public health and worker health. Participants include an age range 26-61 years old, with professional practice time between 3 and 22 years; while sex there is prevalence of female, four of the six women interviewed.

From the content analysis, two categories emerged: "The Continuing Education in Health as a strategy for discussion and problem solving" and "Permanent Education contributing to the consolidation of the ESF".

♦ The Continuing Education in Health as a strategy for discussion and problem solving

The Continuing Education in Health works with tools that search the critical reflection on the practices of attention, management and training, enabling changes in personal relationships, educational practices applied to work and in the health institutions.¹¹

In this perspective, in the ESF, the educational practices imply a different look for professionals on the concept of health, and completeness as a fundamental principle. Thus, the EPS has been instrumental to fill gaps in the training of these professionals.

In the municipality studied, the daily life of the FHS team is contextualized by the continuing education process, since there is a link between the City Department of Health and the units to which diverse capabilities, updates in order to contribute are offered for training professional of Primary Care.

FHS workers bring in their speeches that the lifelong learning process contributes to the training and professional qualification. And it also contributes to awareness of these workers to the actual health status of community needs, discussion of problems related to the enrolled population of unity, teamwork and changes their practices. Thus, when asked to employees about understanding and EPS of experience, the lines were as follows:

[...] Continuing education in our unit takes place through discussion of issues related to the community ... We met the team to identify and reflect to seek solutions. T1.

[...] Through continuing education courses and lectures that are offered to us right, which are important for the whole team and we improve community life through prevention information (T3).

[...] Continuing education helps in our day to day to the process of learning and working needs when teaching and learning are built in daily life and health organizations allows reflection on our practices, facilitating the search strategies for troubleshooting (T5).

From the above statements above, it is perceived that continuing education helps to identify employees working everyday problems, promoting the transformation and

organization of practices of these professionals. From this perspective, EPS National Policy proposes that the training of health workers is carried out from the questioning of the work process, considering the need for people's health and population.¹²

Correspondingly, it is emphasized that continuing education is directed to meet the needs of health professionals, not only for the individual care practice but for practices aimed at health education, collectively, actions targeting the community. Thus, education contributes to the training of health professionals and hence the identification and discussion of issues that are included in the work process.¹³

♦ Permanent Education contributing to the consolidation of the ESF

The ESF is presented as a space in which health professionals can discuss professional activities aimed at promoting labor health through comprehensive care to family and community.¹⁴ Thus, to accomplish this, it is necessary to health professionals binding inter-sectoral services and discuss about the process of work aimed at improving the service.¹⁴⁻⁵

In this context the ESF, EPS establishes as an essential tool in the training and development of health workers, seeking to fill knowledge gaps in work organization and identification of everyday problems, to meet the needs of people and community.¹⁶

Thus, from this perspective, participants bring in their speeches the contributions that the continuing education process entails for the ESF, promoting quality care towards the population.

[...] The Continuing Education contributes to the family health strategy from the time that we clarify, help and care of the community through disease prevention and health promotion measures (T2).

[...] The ESF is a strategy, and through it, we receive continuing education courses, which are very good and help us in health promotion lectures that are passed to the community (T4).

[...] For me, the process of EP favors the work in the Family Health Strategy through lectures prevention we provide for users (T6).

Observing that the ongoing process of education in the service is essential for the progress and consolidation of the ESF, because it was realized that there are some gaps in the training of health professionals on the importance of training, in addition, the knowledge gained favor reflection on their

practices, collaborating in the resolution of service problems. Thus, it can be considered that the integration with the population, facilitates the process of work, besides improving the quality of care.¹⁴

To the extent that knowledge and technological knowledge advances in health, distribution of professional and in accordance with the principle of accessibility services to the population occurs, making fundamental the continuous formation of workers.⁴ Thus, quality improvement, solving services health, satisfaction of users depend on the commitment of professionals with continuing education in order to develop services and qualify the care of health.^{16,17}

Educational practices related to the EPS process should be problem-awakening in health professional reflection of their practices, based on daily life in order to bring about change and transformation in their behavior.

CONCLUSION

Continuing health education is configured as the process of reorienting practices of workers in the consolidation of the Family Health Strategy. It must be noted that from the workers' speeches, they highlighted the importance of skills and training in order to work in Primary Care, meeting the demand of the population. Thus, the continuing education process is the improvement to health services because, by performing activities of health professionals, it aims to meet the population's needs, favoring the improvement of quality of care. Therefore, the permanent health education is a key achievement for professional practice, the reflection of working practices in order to meet the demands of the population. Thus, with the EPS a tool, there is so much to contribute to the quality of health services and improving the National Health System.

REFERENCES

1. Brasil. Ministério da Saúde (MS). Política Nacional de Atenção Básica. Portaria nº 2.488 de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa de Saúde da Família (PSF) e o Programa de Agentes Comunitários de Saúde (PACS). Brasília (DF): MS; 2011.
2. Brasil. Ministério da Saúde. Portaria nº 198 de 13 de fevereiro de 2004 Institui a Política Nacional de Educação Permanente em Saúde como estratégia do Sistema Único de Saúde para a formação e o desenvolvimento de trabalhadores para o setor e dá outras providências. Brasília (DF): MS; 2004.
3. Brasil. Ministério da Saúde (MS). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. A educação permanente entra na roda: pólos de educação permanente em saúde: conceitos e caminhos a percorrer. Brasília (DF): MS; 2012.
4. Ceccim RB. Educação Permanente em Saúde: desafio ambicioso e necessário. Interface - Comunic, Saúde, Educ, [Internet]. 2005 [cited 2015 June 06];9(16):161-77. Available from: <http://www.escoladesaude.pr.gov.br/arquivos/File/textos%20eps/educacaoopermanente.pdf>
5. Ceccim, RB, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. Physis: Rev Saúde Coletiva [Internet]. 2004 [cited 2015 June 08];14(1):41-65. Available from: <http://www.scielo.br/pdf/physis/v14n1/v14n1a04.pdf>
6. Cavalcanti YW, Padilha WWN. Qualificação de processos de gestão e atenção no município de Caaporã, PB: relatos de tutoria de educação permanente em saúde. Saúde debate [Internet]. 2014 [cited 2015 June 11];38(100):170-80. Available from: <http://www.scielo.br/pdf/sdeb/v38n100/0103-1104-sdeb-38-100-0170.pdf>
7. Amestoy SC, Milbrath VM, Cestari ME, Thofehrn MB. Educação permanente e sua inserção no trabalho da enfermagem. Cienc Cuid Saude [Internet]. 2008[cited 2015 Jun 15];7(1):83-8. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/4910/3213>
8. Lima AS, Nicolato FV, Dutra HS, Bahia MTR, Farah BF. A educação permanente na gestão da atenção primária de saúde no sistema único de saúde. J Nurs UFPE on line [Internet]. 2015 [cited 2015 Aug 5];9(4):8135-45. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/7088/pdf_7946
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec, 2006.
10. Bardin, L. Análise de Conteúdo. 1a Ed. Lisboa: Edições 70; 2009.
11. Corotta F, Kawamura D, Salazar J. Educação Permanente em Saúde: uma estratégia de gestão para pensar, refletir e construir práticas educativas e processos de trabalhos. Saúde Soc [Internet]. 2009[cited

2015 June 15];18(supl.1):[about 5 p]. Available from: <http://www.revistas.usp.br/sausoc/article/view/29529/31394>

12. Brasil. Ministério da Saúde. Política nacional de educação permanente em saúde. Brasília (DF): MS; 2009.

13. Costa SM, Souza OS, Souza LPS, Souza TR, Cerqueira, ALN, Botelho BL, et al. Práticas de trabalho no âmbito coletivo: profissionais da equipe Saúde da Família. Cad Saúde Colet [Internet]. 2014 [cited 2015 June 15];22(3):292-9. Available from: <http://www.scielo.br/pdf/cadsc/v22n3/1414-462X-cadsc-22-03-0292.pdf>

14. Gonçalves LC, Cortez EA, Cavalcanti ACD, Cosme FSMN, Valente GSC. Educação permanente sob o olhar de profissionais da estratégia de saúde da família. Rev enferm UFPE on line [Internet].2014 [cited 2015 July 06];8(supl. 1):2390-6. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/5910/pdf_5699

15. Brasil. Ministério da Saúde. Portaria n.º 2.203, de 15 de novembro de 1996. Dispõe sobre a Norma Operacional Básica do SUS 01/96. Brasília (DF): MS; 1996.

16. Brasil. Ministério da Saúde. Portaria n.1.996, de 20 de agosto de 2007. Dispõe sobre as diretrizes para a implementação da Política Nacional de Educação Permanente em Saúde e dá outras providências. Diário Oficial da União, n.162. Brasília (DF): MS; 2007.

17. Fuzissaki MA, Clapis MJ, Bastos MAR. Consolidação da política nacional de educação permanente: revisão integrativa. J Nurs UFPE on line [Internet]. 2014 [cited Apr 20 2014]8(4):1011-20. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/3785/pdf_4937

Submission: 2015/11/02

Accepted: 2016/06/04

Publishing: 2016/08/01

Corresponding Address

Eliane dos Santos Bomfim
Universidade Estadual do Sudoeste da Bahia
Programa de Pós-Graduação em Enfermagem e Saúde
Av. José Moreira Sobrinho, S/N
Bairro Jequiezinho
CEP 45 206-190 – Jequié (BA), Brazil