PERMANENT EDUCATION IN AN OBSTETRIC UNIT IN THE PERSPECTIVE OF HEALTH PROFESSIONALS
EDUCAÇÃO PERMANENTE EM UM UNIDADE OBSTÉTRICA NA PERSPECTIVA DE PROFISSIONAIS DE SAÚDE
EDUCACIÓN PERMANENTE EN UNA UNIDAD OBSTÉTRICA EN LA PERSPECTIVA DE PROFESIONALES DE SALUD

RESUMO
Objetivo: conhecer a operacionalização da política de Educação permanente em uma unidade obstétrica.
Método: estudo descritivo-exploratório, de abordagem qualitativa, com 21 profissionais da saúde de um hospital municipal de médio porte. Os dados foram submetidos à técnica de análise de conteúdo, na modalidade análise temática. Resultados: os resultados demonstram divergências quanto à operacionalização da Educação permanente e seu conceito. Conclusão: estudo conheceu a operacionalização da Educação permanente na enfermagem obstétrica e o dever do enfermeiro, enquanto líder de equipe, de proporcionar momentos de discussões e atualizações no serviço. Entende-se que as instituições de ensino enquanto formadoras de profissionais necessitam enfatizar a aplicabilidade da EP na academia. Descritores: Educação Continuada; Enfermagem Obstétrica; Saúde da Mulher; Saúde da Criança.

ABSTRACT
Objective: to know the operationalization of the policy of permanent education in an obstetric unit. Method: this is a descriptive-exploratory study, with a qualitative approach, with 21 health professionals from a medium-sized municipal hospital. The data were submitted to the content analysis technique, in the thematic analysis modality. Results: the results show divergences regarding the operationalization of the permanent education and its concept. Conclusion: the study met the operationalization of permanent education in obstetrical nursing and the duty of the nurse, as a team leader to provide moments of discussions and updates in the service. It is understood that educational institutions as trainers of professionals need to emphasize the applicability of EP in the school. Descriptors: Continuing Education; Obstetric; Women’s Health; Child Health.

RESUMEN
Objetivo: conocer la puesta en marcha de la política de Educación permanente en una unidad obstétrica.
Método: estudio descriptivo-exploratorio, de enfoque cualitativo, con 21 profesionales de la salud de un hospital municipal de medio porte. Los datos fueron sometidos a la técnica de análisis de contenido, en la modalidad de análisis temático. Resultados: los resultados demuestran divergencias en la puesta en marcha de la Educación permanente, y su concepto. Conclusión: el estudio conoció la puesta en marcha de la Educación permanente en la enfermería obstétrica y el deber del enfermero como líder del equipo, de proporcionar momentos de discusiones y actualizaciones en el servicio. Se entiende que las instituciones de enseñanza como formadoras de profesionales necesitan enfatizar la aplicabilidad de la EP en la escuela. Descriptores: Educación Continuada; Obstétrica; Salud de la Mujer; Salud Infantil.
INTRODUCTION

In the current context, new technologies regarding obstetric and neonatal care have been discussed to attend to the human being within its entirety according to the guiding principles of the Unified Health System (SUS). The technologies can be classified in the health area as light, light-hard and hard. ¹ Light technologies are linked to the relationships between professionals and patients; light-hard to the scientific knowledge that can serve as guides for care and the hard use of purely technological devices, such as machines. ¹

Thus, it is imperative that professionals involved in health care are constantly updating themselves to provide guided assistance in the current health system, bringing integrity, universality, and equity in its principles.

The Permanent Education (EPP) was created in 2004 and modified in 2007 to strengthen the health system. It is a policy that aims to qualify health care within a perspective of strengthening the SUS. This policy has the proposal to qualify and transform health practices and, with this, to provide integral care to the human being.²

Regarding women’s health, data from the Ministry of Health indicate the importance of reducing maternal mortality. In 1990, the maternal mortality rate (RMM) was 140 deaths per 100,000 live births (NV). In 2007 there was a significant decline in these numbers of 75 deaths per 100,000 NV. In this context, the fifth Millennium Development Goal (ODM) aims to present RMM data equal or lower than 35 deaths per 100,000 NV by the end of the 1990s to 2015. It is understood that the reduction in maternal deaths is mainly due to the drop in mortality from direct causes.³

Maternal mortality can be divided into two different parameters, those of direct causes linked to complications that arise during gestation, delivery or puerperium. The puerperium is the period of 42 days after delivery, and indirect causes that are related to diseases pre-existing or developed gestation during this period.³

For greater coverage of care for the woman, the child, and the family, Ordinance n° 1459 regarding the Stork Network was created in 2011. Among its objectives and guidelines, this ordinance discusses the quality of prenatal care since planning up to 24 months of the child, and the probability of reducing neonatal maternal mortality, care guaranteed by the Unified Health System - SUS.³

Aiming at the care of the woman, the child, and the family in their singularity and at the same time plurality, it becomes necessary a collective approach to the service to the human being, understanding it from their beliefs and values, of which they must be considered by professionals working in health services. With the attentive look at the subjectivity of the woman and the family in consonance with the scientific evidence of doing in nursing, one has the possibility of transcending the fragmentation of the care.⁴

It is necessary to know the policy of continuing education (EC) and EP to evaluate better what is emerging in the health team, where the EC relates to models of transmission and updating of knowledge without considering the contextualization, and the EP seeks to combine teaching and learning in relation to everyday life, dissociating the transmission of knowledge for the construction of this in collective from praxis.⁵

The EP appears as an ally in the process of vocational training. With such a consideration, it can be argued that the EP is the alliance between theory and practice. In this way, it allows the valuation of knowledge and conceptions of the professionals involved in the service, as well as the discussion and reflection about practices through scientific evidence, that is, questioning the doing and innovating daily praxis.⁴

This study is justified by the importance of the use of EP in the professional update in obstetrical and neonatal care based on the scientific evidence and considering the experiences of the most diverse actors involved in the scenario for a dignified and integral care of the woman and the family. Thus, based on the above, it was aimed to know the operationalization of the EP policy in an obstetric unit.

METHOD

This is a descriptive-exploratory study with a qualitative approach⁶, with 21 health professionals: nurses, nursing technicians, obstetricians and women nurses residing in the obstetric nursing residency program that works in an obstetric unit of a medium-sized municipal hospital, located in the central region of the State of Rio Grande do Sul.

It is noteworthy that in this unit there are: a nurse, 15 nursing technicians, five obstetrician physicians on duty and six resident nurses in the obstetric nursing residency program.

As inclusion criteria, health professionals were selected to perform attendance...
activities on a face-to-face basis in the unit that is independent of the type of employment relationship and, by exclusion, professionals with a medical certificate, award or vacation. Thus, a sample of 21 participants was formed.

The data was produced between June and July 2014 through a two-part questionnaire. The first questionnaire addressed the identification data of the participants to outline their profile, and the second questionnaire has the question: How long have you been working in the hospital’s obstetric unit? Do you know EP? Do you recognize it in the obstetric unit? If yes, where? If not, why? Do you recognize it in the hospital unit? If yes, where? If not, why?

The data were submitted to the technique of content analysis, in the thematic analysis modality, consisted “of discovering the nuclei of meaning that make up a communication whose presence or frequency means something to the analytic object aimed”7,209

The recommendations of CNS Resolution nº 466/12 prescribing ethics in research with human beings were followed to meet the ethical criteria. The research participants signed the Informed Consent Form (TCLE). The research project was approved by the Ethics Committee of the Franciscano University Center under nº 718,848. 

The participants of the research were identified throughout the text by the name of flowers to maintain secrecy and anonymity.

RESULTS

Twenty-one health professionals participated in the study, three residents in obstetric nursing, one nurse, six doctors, 10 nursing technicians, and a clerk. All female members ranged in age from 21 to 54 years old, nine married, one divorced, and 11 single women with work hours ranging from day and night shifts. The service time ranged from one month to 20 years. All participants were female.

The results showed relevant aspects regarding EP, evidencing that managers and health professionals still have a long way to go both in the knowledge of the policy and its operationalization.

Data analysis enabled to identify two thematic categories: Concordances and disagreements between what professionals know about permanent education; the impulse of nursing students and nurses in obstetric nursing in the process of permanent education.

♦ Concordances and disagreements between what professionals know about continuing education.

When asked about the practice of EP in the maternity or the hospital level, the participants reported that they did not know about this practice and its meaning, as stated below.

No, because it does not have one. (Margarida)
No, because I do not know the policy of P.E. (Hortênsia)
No, because there is no EP in the maternity ward. (Girassol)

Some of the interviewees attributed the lack of knowledge of the EP to the managers’ lack of incentive, as well as the lack of consideration of their knowledge and experiences to contribute to the service as demonstrated in the statements:

No, lack of knowledge and positioning of the unit manager in this sense. (Cravo)
No, because hospital management does not promote it. (Gardênia)
Not because we have no active voice and our point of view is not valid. (Lírio)
No, lack of knowledge and position of the unit manager on this subject. (Acácia)
I think not; I do not see the hospital performing actions with the team. (Tulipa)

However, there was a disagreement in the answers, since other interviewees stated that there is an initiative by the managers to develop permanent education, but they still seem confused as to the real meaning and importance of this policy.

As in the obstetric unit, the hospital has a schedule for continuing education, lectures, discussions on new or difficult issues. (Crisântemo)
I see that there is the intention to have a permanent education, but there are difficulties in the process. (Gerbera)
I know through lectures and training with employees of the unit. (Palma).

Yes, along with nursing and patients. (Rosa)

It is observed that timidly some participants reported this practice in the service, but others are totally unaware of it, and there are still those who confuse EP with EC.

♦ The impulse of nursing students and nurses in obstetric nursing in the process of permanent education

When questioned about EP through academics and residents in obstetric nursing, the interviewees emphasize their presence in the hospital practice scenarios as important, because they perceive that is when academics
DISCUSSION

The findings showed that there are differences regarding the professionals’ answers, whether the existence of PD in the maternity ward and the hospital service or the lack of knowledge about the difference between EC and EP. From this point of view, it can be questioned: If there is EP, how is it being carried out? Why do the lines differ as to the existence of these EP moments? Moreover, what do these professionals understand EP and Permanent Education? How do information exchanges occur within the service? How are EP meetings mediated?

It is understood that professionals who work in care services for women and the newborn need updates to develop their skills according to the assistance provided, making interventions and appropriate referrals of their functions, whenever there is a need.

Qualified care in maternal and neonatal care performed by qualified professionals is directly linked to the care provided to women during the gestational period, delivery, puerperium and care of the newborn regardless of where the delivery is attended. One detail that draws attention to maternal survival is social inequality and this relation points to indicators of the quality of care provided to the population.

As a governmental strategy to reduce this panorama of health-related disparity, the pact for the reduction of maternal and neonatal mortality was launched in 2004, with its strategic actions as the right of women to the companion in the prepartum, childbirth, immediate postpartum and joint accommodation independent of being in public or private services, also emphasizing the relation of essential laboratory exams during the pregnancy period, training and EP of professionals inserted in obstetric and neonatal care services.

Also within the scope of the EP, it is observed the important relation between the clinical knowledge and the knowledge exchange, since through it the discussion becomes valuable, having the possibility to multiply them. It can also be observed that the professional qualification is intrinsically related to the learning scenario where the richness of the scientific dialogue discourses with different knowledge considering both the professional knowledge and the active participation of those who are caring.

Regarding the students, it is observed that the presence and their protagonism in the health environments impels new ways of making and foments through reflections and updates, some discussions about institutionalized practices, contributing to significant changes in these scenarios. It can also be pointed out that the training institutions exert a positive influence at the moment in the importance of not only to reproduce a practice but to discuss it. Under this bias, it can be argued that it becomes urgent to consider the experiences and knowledge of the professionals involved for integral care to change the management practices and attention of a certain reality.

Also, it is possible to observe that the issues described above may be linked to intrahospital communication in what concerns the
practices that are performed in this place. Communication involves more than words, gestures, body, silence and, this communication, within the hospital service, becomes essential, both for the training/strengthening of links and for the exchange of messages and information among those involved.

Under the bias of the paradigm shift and in search of a model that aims for the integral attention to the human being, it can be emphasized that the managers at both the educational institutions level and the health services are important allies in this process, valuing and stimulating the discussions between theory and practice seeking to combine them, considering the reflection and the knowledge of the actors involved in the practice scenarios.

Nonetheless, within the code of ethics of nursing professionals, article 69 strongly emphasizes the responsibility and duty to “stimulate, promote and create conditions for the technical, scientific and cultural improvement of Nursing professionals under their guidance and supervision.”

Given the above, it may be emphasized that it is imperative that professionals develop a flexible, critical and multidimensional attitude to occur as a part of the service, promoting moments of exchange and updating between the actors involved using dynamics and interdisciplinarity.

It is understood the relevance of EP in health services, but for this practice to exist in its entirety there is a need to discuss with the actors involved in the different scenarios to seek strategies that direct health teams to understand, absorb and value the moments of discussion of praxis in services.

**CONCLUSION**

The results of this study showed the need for constant updating in the service, since most of the interviewees were unaware of EP, and others described this policy timidly. Also, the professionals differed as for the knowledge of the EP and its applicability. This finding demonstrates the lack of knowledge of the professionals regarding EP since if there are no moments of reflection of the practice, it becomes practically impracticable that updates of the routines of the service occur.

Regarding the obstetrical nursing, it can be emphasized that nurses still need to empower themselves and seek strategies to develop it, enriching professional knowledge and valuing the most diverse knowledge among the actors involved using everyday life and science for the care of excellence in the health of women, children, and the family.

In the sphere of educational institutions, it is expected that this research may contribute and strengthen academic training regarding the importance of EP and its reflexes in the service. However, EP occurring in the services, it becomes necessary the involvement of the nurse, staff, and management so that there is a network of interconnections between peers. It is understood that the EP is allied for the contextualized and multidisciplinary discussion on the health services for the professional valorization and the integral care of the human being.

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