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NOTE PREVIEW ARTICLE

ELDERLY CARE: PERMANENT HEALTH EDUCATION IN THE SUPPORTING CENTER FOR FAMILY HEALTH

ATENÇÃO AO IDOSO: EDUCAÇÃO PERMANENTE EM SAÚDE NO NÚCLEO DE APOIO À SAÚDE DA FAMÍLIA

ATENCIÓN AL ANCIANO: EDUCACIÓN SANITARIA PERMANENTE EN EL NÚCLEO DE APOYO A LA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze permanent health educational practices by the Family Health Support Centers in the elderly care context. ***Method***: exploratory-descriptive study, under a qualitative approach, to be developed in Maringá (PR), Brazil, along with health professionals. Data collection will start through documentary analysis, following the promotion of a focus group, in which the speeches will be recorded, fulled trascribed and submmited to analysis by using *software* Live Iramuteq®. The analytical indicative will be based on the Freire's Dialogical Theory. The research project was approved by the Research Ethics Committee of the Maringá State University (opinion n. 1.948.003/2017). ***Expected results***: to contribute to the understanding of the practices of permanent education developed in the context of the elderly care, knowing the reality, the potentialities and fragilities of this process. ***Descriptors*:** Education Continuing; Health Education; Health of the Elderly; Primary Health Care; Public Health Policy.

RESUMO

Objetivo*:** analisar as práticas de educação permanente em saúde desenvolvidas pelo Núcleo de Apoio à Saúde da Família no contexto de atenção ao idoso. ***Método*:** estudo exploratório-descritivo, de abordagem qualitativa, a ser desenvolvido no município de Maringá (PR), Brasil, junto aos profissionais de saúde. A coleta dos dados iniciará pela análise documental, seguida da realização de grupo focal, em que as falas serão gravadas em áudio, transcritas na íntegra e submetidas à análise utilizando o *software* Live Iramuteq®. O referencial analítico será a Teoria Dialógica de Freire. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual de Maringá (parecer nº 1.948.003/2017). ***Resultados esperados*:** contribuir para a compreensão das práticas de educação permanente desenvolvidas no contexto de atenção ao idoso, conhecendo a realidade, as potencialidades e fragilidades desse processo. ***Descritores: Educação Continuada; Educação em Saúde; Saúde do Idoso; Atenção Primária à Saúde; Políticas Públicas de Saúde.

RESUMEN

Objetivo*:** analizar las prácticas de educación sanitaria permanente desarrolladas por el Núcleo de Apoyo a la Salud de la Familia en el contexto de atención al anciano. ***Método: estudio exploratorio descriptivo, de abordaje cualitativo, desarrollado en el municipio de Maringá (PR), Brasil, con los profesionales de sanidad. La recogida de datos se iniciará por el análisis documental, seguido de la realización del grupo focal, en el que las hablas se grabarán en audio, transcritas íntegramente y sometidas a análisis empleando el software Live Iramuteq®. El referencial analítico será la Teoría Dialógica de Freire. El proyecto de pesquisa fue aprobado por el Comité de Ética en Investigación de la Universidad Estadual de Maringá (parecer nº 1.948.003/2017). ***Resultados esperados:*** contribuir a la comprensión de las prácticas de educación permanente desarrolladas en el contexto de atención al anciano, conociendo la realidad, las potencialidades y fragilidades de este proceso. ***Descriptores*:** Educación Continua; Educación en Salud; Salud del Anciano; Atención Primaria de Salud; Políticas Públicas de Salud.

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INTRODUCTION

Permanent Health Education (PHE) is a fundamental strategy for quality health practice, considering the professionals as protagonists in the field of action, providing professional growth and privileging multi and interprofessional work, with collective actions and integrated with the services Impact on the health of the population.[1-2]

Its scope is in the work of the Primary Health Care (PHC) teams, which in Brazil have the Family Health Strategy (FHS) as the main model and require permanent changes in their actions. Focusing on the care of the individual, the family and the community, in an affiliated territory, with intersectoral actions of promotion, prevention and health care in the practice of health surveillance[3], the work of the FHS teams is an important scenario for PHE, their intersectoral demands and actions.

Faced with its specific health care, the FHS counts on the Family Health Support Center (FHSC), which objective is to support the FHS to increase access to and improve the quality and resolution of actions in primary care. Its assumptions are to equip the teams based on local needs, vulnerabilities and prioritization of actions, through shared and interprofessional consultations, carried out by different professionals in the different areas of knowledge.[4]

The analysis of its assumptions allows to infer that the FHSC carries assignments coherent with the principles of the PHE by favoring knowledge and doing by the context of the work[1,5] in an inter and multiprofessional way.

It is well known that the FHSC professionals have a potential educator with professionals related to FHS, great capacity to disseminate new information and to build new knowledge and practices, influencing health care. Thus, the FHSC's performance is structured in the collective learning aiming at the disruption and fragmentation of health care for the construction of care and care networks, in co-management with the FHS teams.[6] Thus, the matrix support provided by the FHSC is one of the means to achieve PHE.

With regard to the Elderly Health, we know the challenge faced by the PHC, including the roles of the FHS and FHSC, given the growing population of elderly people in Brazil that accompanies the phenomenon of global population aging, experienced to a greater or lesser extent in all the countries of the world.[7] Aging brought with it new demands for PHC services, requiring health professionals to be qualified to serve this growing population that is growing exponentially.[8]

Such a challenge encompasses opportunities for the PHC, since the actions performed by the EPS to the elderly reveal unpreparedness possibly derived from the incipient process of professional formation and aggravated by the inexistence of PHC policy in the PHC scenario. Professionals acknowledge their unpreparedness to deal with gerontogeriatric issues, as well as the ineffective care provided to the elderly in PHC.[9]

This reality implies actions of the professionals of the FHS limited to the cure discharacterizing one of the main objectives of the FHS, that is the prevention and promotion of the health from an active and healthy aging.[10]

Comprehensive care for the elderly, from the perspective of teamwork and interprofessional, suggests the articulation of the FHT with the FHSC as a way to improve the care provided to this population[11]. Along this path, we believe in the potential of effective care with a view to the specificities of the aging process, going beyond the limited care in the curative dimension[10].

Assistance must then be permeated by PHC in order to achieve real transformations, marked by practice, in order to achieve the integral care of the elderly. In the daily life of the professionals of the FHS and FHSC, the PHC can be a powerful management tool, allowing spaces for reflection and dialogue of the workers with the intention of re-signifying this care[12], representing a strategy to promote the expansion of access and integral care of the elderly's health.[6,13]

Thus, it is believed that the support and maturation of the FHSC, especially in view of its educational characteristic that transforms knowledge and practices by the FHS, qualify the actions in the health care of the elderly[4,6], since this motivates the personal and professional transformation, making possible the minimization of the existing challenges in the daily life of health services and redefines health practices for the elderly. It remains, however, to know how the FHSC develops this formative and transforming capacity with the FHT regarding the health of the elderly, and to recognize the FHS activities that have been incorporated in this context.

Finally, the present study assumes the following research question: What are the characteristics of Permanent Health Education

in the praxis of health care for the elderly of the Family Health Support Centers?

The aim of this research is to analyze permanent health educational practices by the Family Health Support Centers in the elderly care context.

METHOD

Research proposal presented to the Nursing Graduate Program of the Maringá State University (MSU), at a Master's level, in the research field of Health Care Management. The research will have a qualitative, field-based, exploratory-descriptive and will be developed in the county of Maringá, located in the northwest region of the state of Paraná, Brazil.

The target audience of the research will be at, approximately, 50 health professionals who are members of the nine Family Health Support Centers belonging to the Health Department of Maringá (PR), Brazil.

The inclusion criteria for participation in the research will be: being a FHSC professional registered in the National Registry System of Health Establishments of the county researched; have a work experience in 2016; being in FHSC during the data collection period. Exclusion criteria will be: not to perform their functions in the FHSC during the data collection period; be temporarily or permanently removed from their FHSC duties during the data collection period. All professionals who are members of the FHSC in the county of Maringá-PR that meet the inclusion criteria will be invited to participate in the research.

The data collection will take place from two moments. Initially, the technique of documentary analysis[14], in which the current Local Health Plans will be analyzed, in order to know what the plans of the Basic Health Units of the county of Maringá-PR-Brazil regarding the Elderly Health, since they guide the care practices and influence the practices of PHS provided by professionals who are part of FHSC teams.

The documents will be obtained from the Basic Health Units (BHU) of Maringá-PR-Brazil, institution that holds the local health plans, from the previous contact with the manager responsible for each BHU. With the documents, the question will be used to guide the analysis: which health plans guide the care of the elderly?

The documentary analysis aims to transform the information, making it more understandable to correlate it with other data from other sources. In addition, it is recommended to use a parallel and simultaneous source of information to complement the data and allow the contextualization of the information contained in the documents[14].

Thus, the second moment of data collection will be through the focal group technique, which is configured as a group discussion, in which the interaction of the participants is an integral part of the method and allows to explore points of view based on reflections on in this case, this technique was chosen because it will enable FHSC professionals to reflect on the practices of PHS developed by them in what concerns the Elderly Health, in addition to allowing contextualize the information previously collected during the documentary analysis.

The instrument for data collection will be a script prepared by the researcher and composed of triggering questions that will support the discussions in the focus groups. These issues are related to PHS practices developed by FHSC professionals in what concerns the Elderly Health, as well as sociodemographic and professional research questions to characterize the participants (age, sex, professional category and length of service). Previously, this roadmap will be adequate by judges and by a pilot focus group, in order to ensure methodological rigor and avoid bias.

For the organization, treatment and analysis of the data, the focus group discussions will be recorded in audio, so that they are later transcribed in full and analyzed using Live Iramuteq® software, which will assist us in the data analysis process for qualitative research. From it, we will use three analysis mechanisms that make up the application: the Word Cloud, which makes simple lexical analysis, graphically arranging the words according to the frequency in which they appear in the speeches; the similitude analysis, which correlates the words that will be presented, that present a greater connection and that will represent the PHS practices performed by the FHSC in the environment of the elderly health; and the Descending Hierarchical Classification (DHC) method, which uses the corpus for the dimensioning of text segments or Elementary Context Units (ECU), classified according to the highest frequency vocabularies and the highest chi-square value, in the class, with a view to understanding that they are significant for the qualitative analysis of the data[16].

The analytical framework for the central elements of each class will be Freire's

Dialogical Theory[17] in relation to the transformation of knowledge and practices permeated by dialogue, especially considering the close relationship between the precepts of the National Policy of Permanent Health Education[1], the FHSC assignments[4] and this theoretical reference.

In order to carry out this research, all the ethical and legal precepts established by Resolution 466/2012 of the National Health Council will be respected.[18] Thus, participants will be clarified about the research and the Free and Informed Consent Form (FICF) will be given, and those who agree to participate in the research will be asked to sign in two copies.[18] The confidentiality and confidentiality of information and participants will be protected and the names will be coded, ensuring the anonymity of the information obtained.

Because the present study is part of a more comprehensive study, the project was authorized by the Bipartite Interagency Committee of the 15th Regional of Health of Maringá and later submitted to the ethical assessment by the Standing Committee on Ethics in Research with Human Beings (SCERHB) of the Maringá State University (MSU) with favorable opinion, number *CAAE*: 47111915.5.0000.0104, opinion nº 1.948.003/2017.

EXPECTED RESULTS

It is believed that the results of the present study will fill in the gaps of scientific publications and studies in this area that currently exist, the evidence of which is found in the paucity of published studies that encompass PHS practices in the health care environment of the elderly, in the context of a Multiprofessional health team, the FHSC, acting through the Unified Health System in Primary Health Care.

It is also believed that this research will contribute to advances in the FHSC clinical-assistance and technical-pedagogical reality, allowing us to unveil the thematic reality and, thus, to collaborate with municipal management in the movements for reflection, planning and evaluation of educational practices and Elderly Health Care, practiced by the FHSC. Thus, it is expected to contribute to the understanding of PHS practices developed in the context of elderly care by the Family Health Support Unit, knowing the reality, the potentialities and fragilities of this process, strengthening the performance of the same in this context.

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