HEALTH EDUCATION: THE USE OF SWOT MATRIX FOR PROJECT ANALYSIS

ABSTRACT

Objective: to identify, in the intervention projects, the strengths, opportunities, weaknesses and more frequent threats for the implementation of the interventions. Method: qualitative, exploratory, descriptive study, based on documentary analysis. Participants: health managers who hold management positions in the state of Rio de Janeiro. Data collection instrument: SWOT matrix attached to the projects. The data were analyzed using the thematic or categorical analysis technique. Results: in the analysis of the strengths and opportunities, the following category emerged: Valorization of People. In relation to weaknesses and threats, the following category emerged: Discontinuity of services (Partisan politics). Conclusion: in the strengths and opportunities identified by the SWOT matrix, we highlight the category of people’s valorization, which refers to the professional qualification and dedication of career employees. The weaknesses and threats identified the discontinuity due to managerial turnover and political partisan influence in the functioning of the services, which consequently compromise the functioning of the Unified Health System (SUS). In this sense, the health work process, in its micro politics, reveals the importance of the continuity of the managers’ services. Descriptors: Health Education; Unified Health System; Education Distance; Health; Education; Health Management.

RESUMO

Objetivo: identificar nos projetos de intervenção as fortes, oportunidades, fraquezas e ameaças mais frequentes para a implantação das intervenções. Método: estudo qualitativo, exploratório, descritivo, a partir de análise documental. Participantes: gestores de saúde que ocupam cargo de gestão no estado de Rio de Janeiro. Instrumento de coleta de dados: Matriz SWOT anexadas aos projetos. Os dados foram analisados mediante a técnica de análise temática ou categoria. Resultados: na análise das fortes e oportunidades destacou-se a categoria: Valorização das Pessoas. Em relação às fraquezas e ameaças a categoria emergida foi: Descontinuidade dos serviços (Política partidária). Conclusão: nas forças e oportunidades identificadas pela matriz SWOT destacou-se a categoria valorização das pessoas, a qual refere-se à qualificação profissional e dedicação dos funcionários de carreira. Nas fraquezas e ameaças identificou-se a descontinuidade por parte da rotatividade dos gestores e a influência político partidária no funcionamento dos serviços, que comprometem a continuidade e funcionamento do Sistema Único de Saúde (SUS). Neste sentido, o processo de trabalho em saúde, na sua micropolítica, revela a importância da continuidade dos serviços dos gestores. Descriptors: Educação em Saúde; Sistema Único de Saúde; Educação à Distância; Saúde; Educação; Gestão em Saúde.

RESUMEN

Objetivo: identificar, en los proyectos de intervención, las fortalezas, oportunidades, debilidades y amenazas más frecuentes para la implantación de las intervenciones. Método: estudio cualitativo, exploratorio, descriptivo, a partir de análisis documental. Participantes: gestores de salud que ocupan cargo de gestión en el estado de Rio de Janeiro. Instrumento de recolección de datos: Matriz SWOT adjunta a los proyectos. Los datos fueron analizados mediante la técnica de análisis temático o categorial. Resultados: en el análisis de las fortalezas y oportunidades, se destacó la categoría: Valorización de las Personas. En relación a las debilidades y amenazas, la categoría emergida fue: Discontinuidad de los servicios (Política partidaria). Conclusión: en las fuerzas y oportunidades identificadas por la matriz SWOT, se destacó la categoría valorización de las personas, la cual se refiere a la calificación profesional y dedicación de los funcionarios de carrera. En las débiles y amenazas, se identificó la discontinuidad por parte de la rotatividad de los gestores y la influencia política partidista en el funcionamiento de los servicios, que comprometen por consecuencia el funcionamiento del Sistema Único de Salud (SUS). En este sentido, el proceso de trabajo en salud, en su micropolítica, revela la importancia de la continuidad de los servicios de los gestores. Descriptors: Educación en Salud; Sistema Único de Salud; Educación a Distancia; Salud; Educación; Gestión en Salud.
The strengthening of the Unified Health System (SUS) through improvements and changes in health practices is related to changes in the training and qualification of its workers. Accordingly, the Ministry of Health (by the Secretariat for Work Management and Health Education), the National Council of Municipal Health Secretaries (CONASEMS), the National Council of Health State Secretaries (CONASS) and the Fluminense Federal University (UFF) undertook a process of permanent education for SUS managers, in which they could discuss, analyze and perform self-analysis of their own work and experience, especially in management practice.

Based on this demand, the specialization/training course in Health Management and Work Micropolitics was created, and this text will refer to it as Micropolitics, carried out in 2014. The proposal was sponsored by three UFF units: the Nursing School Aurora Afonso da Costa, the Community Health Institute (Health Planning Department) and the Pharmacy College (Department of Pharmacy and Pharmaceutical Administration) with the objective of training health professionals who hold management positions in Brazilian cities and states, which would strengthen the democratic practice present in the ideas of the Brazilian sanitary reform.

The Micropolitics course was conducted in Distance Learning (DL), in the blended format that combines learning methods and technologies, associated with debates and analysis of work scenarios that challenge managers in their daily lives. In this sense, the subject constructs his/her own knowledge, in the learning context, in the dimension of learning to learn.1 It focuses on the experience and the pedagogical work and extends the possibilities of building singular management and work modes, supported by the fact that it is able to attend to the diversity of scenarios that are present nowadays and the challenges of the managers of the Brazilian health system.

For Paulo Freire, a Brazilian educator and writer, man should be the subject of his own education, not its object, and the modern educator must keep in mind that knowledge is not complete and must be developed towards a new world awareness.2

The potential offered by internet resources poses challenges to the relations and traditional roles played by the subject, involving tools and contents in the learning teaching process.3 With this, it enables a permanent education policy that is more attractive to managers and with better results for the SUS.

Learning must value, above all, the praxis that emphasizes the work as it is done and the scenarios in which it is installed, as a fundamental input for learning. In health management, learning from one’s own experience allows the manager to manage effectively the situations with which he/she faces everyday life. Therefore, already in the first discussions for the course implementation, the theme “micropolitics” was chosen. This is because, since the 1990s, an important field of health study is the work micropolitics, which aims to analyze the construction of the relational processes between technological world and the one of the users’ needs, focusing on the instrumental and communicative reasons.3

Micropolitics offers new possibilities for understanding the complex process of cross-cutting and crossing within educational institutions and health services, recognizing new actors, new roles, new references, providing the student/manager with reflection on his/her micro-political work process. In this sense, the course incorporates the academic theory of the concept of micropolitics in the work process and health management, expanding the perspective of developing the course from elements present in the manager’s daily work.

The relevance of the proposal lies in the progress of the decentralization of health policy in recent years, where all municipalities experience full management of the local health system. Advancement that brings together different realities and modes of health work management.

The Micropolitics course in question consists of managers presenting intervention projects in order to contribute to significant changes in work environments, as well as generating data for Permanent Health Education. For this, the analysis of these projects is necessary to search for the improvement of the care quality and the SWOT Matrix is an appropriate instrument for this purpose.

The SWOT analysis defines elements that influence the work environment, structuring the basic model for the formation of the SWOT strategy, which means: strengths, weaknesses, opportunities and threats. This analysis uses a useful method in the organization of strategic planning. It is possible to relate and identify the strengths/weaknesses, opportunities/threats of the organization, thus contributing to the...
improvement of the performance of the unit where the health manager works. Thus, strength/opportunity is positive, and weakness/threat is negative. Through this analysis, one can investigate the strengths and weaknesses of the internal environment and the opportunities and threats that come from the external environment.¹

In this way, we expect to identify the elements forces, opportunities, weaknesses and threats in the intervention projects presented by health managers. Considering the problems pointed out by the managers through the analysis of the intervention projects, and the process of reflection elicited by the course, we can ask: what are elements present in the intervention projects that can subsidize measures for the improvement in the management of the health system?

**OBJECTIVE**

- To identify, in the intervention projects, the strengths, opportunities, weaknesses and threats for the implementation of interventions through the SWOT Matrix.

**METHOD**

Qualitative, descriptive and exploratory study, based on documentary analysis. We emphasize that this work refers to a cut of the dissertation entitled The permanent health education: an analysis of the intervention projects presented by health managers during the participation in the SWOT matrix attached to the monographs of the Micropolitics course (DL) presented to the Professional Master's Program in Health Teaching - MPES/UFF.

The research scenario was in the state of Rio de Janeiro, based on the analysis of the intervention projects presented by the students/managers from the public service. In the discussed themes, it was possible to identify the geographical areas present in the projects, besides the health network’s attention points and the levels of attention (primary, secondary or tertiary).

The research participants were: 14 health managers who hold a management position in the state of Rio de Janeiro, who delivered the intervention projects and who filled out the SWOT Matrix. Since one filled out the SWOT Matrix evaluating the quality of the course, although the purpose was to relate to the intervention and another answered twice, two were excluded. Thus, 12 intervention projects remained.

Inclusion Criteria: intervention projects delivered until December 31, 2015, carried out by health professionals who were enrolled in the Micropolitics course and hold a management position in the state of Rio de Janeiro.

Exclusion Criteria: Projects that did not present the completed SWOT matrix.

Procedures for data collection and recording: SWOT Matrix attached to the monographs of course conclusion, presented in the form of an intervention project, which the students/managers sent to receive the title of specialists. They were asked to complete it by December 31, 2015 through Google Docs. In order to preserve the participants’ identity, when revealing their speeches, their names were omitted and the letter M was used for the manager followed by the corresponding response number: M1, M2, and so on.

The SWOT Matrix consists of identifying the strengths, opportunities, weaknesses, and threats to the project. Strengths and weaknesses relate to the internal qualities of the project, while the opportunities and threats represent external aspects, which may contribute to or jeopardize the implementation of the project.

The data in the SWOT matrix were analyzed using the thematic or categorical analysis technique², understood as a set of research techniques that, through the content reading and interpretation of any class of documents, allows performing the analysis, aiding in the understanding of its meanings. For its elaboration, the following steps were adopted: pre-analysis, material exploration and treatment of results, inference and interpretation.

In order to do this, the projects that had the SWOT matrix fulfilled were chosen, performing their floating readings, in order to formulate hypotheses and objectives for analysis. After the material was exploited, the data were aggregated into similar registry units; verification of context units; classification of the recording units (RU) and coding to aggregate the RUs. Finally, the data were quantified in the frequency with which the answers appeared and grouped into units of signification, generating the categorization.³

The project was approved by the Research Ethics Committee of the College of Medicine of the Fluminense Federal University, University Hospital Antônio Pedro, CAAE 48560215.5.0000.5243.

The students/managers who agreed to participate in the research signed the Informed Consent Form (ICF) and received information from the researcher that participating in the study would not be...
mandatory; it would not pose any risk; the preservation of the confidentiality of all that was said and of their anonymity, as provided in Resolution 466/2012 of the National Health Council, which establishes norms of researches involving human beings.

RESULTS

In the analysis of the 12 projects, the target areas for intervention belonging to the state of Rio de Janeiro were identified as follows: two for the Metropolitan Region I, five for the Metropolitan Region II, three for the Serrana region, and two destined to the Middle Paraíba region.

As for the health units, seven of the intervention projects were allocated to the Basic Health Units (BHU), two were assigned to hospitals, two were centrally located and one was assigned to the Psychosocial Care Center (CAPS).

As for the level of attention, seven were directed to the primary level, one to the secondary level, two to the tertiary level and two were not directly related to a level of attention.

Basic health care comprises a strategy to achieve increased coverage of health actions in the population. It is offered by BHU or Health Centers, which are related to the user’s entrance door to the system.

The results were directed to the presentation of suggestions to overcome the weaknesses and threats found during the application of intervention measures by health managers.

Regarding the analysis from the SWOT Matrix related to the strengths and opportunities pointed out by the students/managers, the following category stood out: Valorization of People.

Managers’ responses regarding the valorization of people:

Professionals trained to act in the intervention, work environment already established. (G1)

Transforming professional practice into scientific material and future studies. (G2)

People’s will regarding the organization of the work process within the units, the approach of the management assistance and permanent education of the health professionals. (G5)

The continuing education activities that are made available and the support to do them. (G6)

Professionals trained for training provided by other municipalities (G8)

Professionals’ Interest in training. (G9)

DISCUSSION

SWOT is an analysis based on the balance between internal and external environment. Strengths and Weaknesses are related to the internal environment of the company and Opportunities and Threats refer to the external environment.

The analysis related to the strengths and opportunities pointed out by the students/managers highlighted the category: Valorization of the People.

Frequent responses were about the willingness of people regarding professional qualifications and the various career employees who have devoted part of their life to the institution. These professionals have experience and practice regarding the
implementation of interventions in the internal environment, and know how to seize the opportunities arising from the external environment.

The managers recognize the importance of the Permanent Health Education (PHE) as a strategy to strengthen the teams and qualify health care and transforming the professional practices for the organization of work.\textsuperscript{7}

The Permanent Health Education presupposes the development of educational practices that focus on the resolution of concrete problems, in a process of team discussion, or of self-evaluation, with the perspective of seeking alternatives for transforming the work process to reach more effective results.\textsuperscript{8}

As for the analysis of the SWOT Matrix related to weaknesses and threats, it can be emphasized that the discontinuity of services due to partisanpolitics, which we refer to the external environment, threatens the manager’s work progress, i.e. the internal environment. Therefore, the administrative discontinuity and the political partisan influence in the functioning of the services jeopardize the functioning of the SUS.

In the managerial area, the management institutions, when dealing with the differential valuation of the subjects that underwent management training courses, they not always take it into account, insofar as the practice of distribution of positions in the administrative structure depends on the party-political interests or corporate pressures that oblige managers to devise strategies to ensure the “governance” of their management, thus reproducing the malfunctioning of the services that characterize SUS management in several areas.\textsuperscript{9}

The decentralization movement was initiated with the implementation of the Basic Operational Norms of 1993 (NOB 01/93) and especially the Basic Operational Norm of 1996 (NOB 01/96), which influenced the redefinition of functions and competences of the three government spheres (federal, state and municipal levels) for the management, organization and delivery of health services through the transfer of resources (financial, basically, but also physical, human and material) from the federal and state levels to municipalities.\textsuperscript{10}

Studies have revealed that the Brazilian health system is currently the subject of dispute and coexistence of diverse care models, with characteristics that derive from trends in constant conflicts and hegemonic models alongside those who seek transformations.\textsuperscript{11}

Health management should be developed by a competent professional capable of leading and adding value to the potential of his/her team, taking advantage of financial, technological, material and human resources in order to increase the production of services in accordance with the care model based on social epidemiology.

To lead processes of change in organizations, among the skills of the local manager, management scholars mention leadership as indispensable. This competence is defined as the ability to gather people around projects, goals, objectives and work processes, obtaining significant results, motivating the group and favorable working climate.\textsuperscript{12}

\textbf{CONCLUSION}

The Micropolitics course was carried out in the DL mode, in the semi-presidential format where the subject built his/her own knowledge in the learning context. Learning methods and technologies were used, associated to the intense debate and analysis of the work scenarios that challenged the managers in their daily life and made them elaborate intervention projects in their reality.

Identifying the strengths and weaknesses of intervention projects as a source of data production can later be used as a source for Permanent Education courses, thus enhancing the aspects recognized by managers as strengths and opportunities and presenting suggestions for overcoming weaknesses and threats.

The results of this analysis shows that the intervention projects were mostly related to the primary care level, being directed to the basic health units (BHU).

During the research, we observed the need for health managers to develop interventions and practices related to the BHU. Through the interventions presented, there was also the main concern with the training of professionals of the BHUs and with the assistance dynamics, the generation of desirable management practices in view of the needs of the units that were frequently raised. In this sense, the problematization presents itself as a device for update and communication between the health professionals’ practices and management practices, in order to allow the team’s
reflection on its role in the production of health care in the population.

In the SWOT Matrix analysis related to strengths and opportunities pointed out by the students/managers, the following category stood out: Valorization of People, referring to the professional qualification and the various career employees who have dedicated part of their life at the institution. In relation to the weaknesses and threats, the category following emerged: Discontinuity of services (Partisan-politics).

The discontinuity of services due to partisan politics, which we refer to the external environment, threatens the manager’s work progress, that is, the internal environment.

It is important to highlight that the health work process, in its micropolitics, works from the perspective of living work, revealing the importance of the continuity of the managers’ services.

The Brazilian health system has been the subject of a dispute and coexistence of different care models, with characteristics that derive from trends in constant conflicts and hegemonic models alongside those who seek transformations.

Therefore, the discontinuity due to managers’ turnover and partisan-political influence on the functioning of services and the work process jeopardize the functioning of SUS.

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