Permanent education under the look of professionals of the Family Health Strategy

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ABSTRACT

Objetivos: discutir el concepto de Educación Permanente en Salud presentado por profesionales de la Estrategia de Salud de la Familia; reflexionar sobre el conocimiento demostrado por estos profesionales y sobre posibles implicaciones para la implementación de la Educación Permanente. Método: estudio de campo, descriptivo, exploratorio, de enfoque cualitativo. La producción de datos fue en diciembre de 2012 por medio de formularios aplicados a 26 sujetos de la equipo multiprofesional, en seguida, organizados y analizados por el método de Análisis de Contenido. El proyecto de pesquisa foi aprovado pelo Comité de Ética em Pesquisa, Protocolo 157/2012. Resultados: o estudio resultou em três categorias, entre as quais se destacam: Educação Permanente no cotidiano dos serviços de saúde: conceito trazido pelos profissionais e a política de Ministro da Saúde. Conclusión: entender los conceptos de procesos educativos en salud e discutir los con el personal es fundamental para que la Educación Permanente en Salud sea implementada en los servicios. Descriptores: Family Health; Primary Health Care; Education.

RESUMO


RESUMEN

Objetivos: discutir el concepto de Educación Permanente en Salud presentado por profesionales de la Estrategia de Salud de la Familia; reflexionar sobre el conocimiento demostrado por estos profesionales y las posibles implicaciones para la implementación de la Educación Continua. Método: estudio de campo, descriptivo, exploratorio, de enfoque cualitativo. La producción de datos ocurrió en diciembre de 2012 mediante un cuestionario aplicado a 26 personas del equipo, entonces organizados y analizados por el método de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, Protocolo 157/2012. Resultados: el estudio dio como resultado tres categorías, entre las cuales se destacan: Educación Permanente en los servicios de salud de todos los días: concepto traído por los profesionales y las políticas del Ministerio de la Salud. Conclusión: entender los conceptos de procesos educativos en salud y discutirlos con el personal es fundamental para que la Educación Permanente en Salud sea implementada en servicios cotidianos. Descriptores: Salud de la Familia; Atención Primaria de la Salud; Educación.
INTRODUCTION

The present study focuses on the knowledge of professionals working in seven teams of the Family Health Strategy (FHS) in a neighborhood of the West Zone of the city of Rio de Janeiro about the concept of Permanent Education in Health (EPS, in Portuguese). It is noteworthy that the FHS is expanding nationwide and is seen as a structuring axis of Primary Care in Health System. In this context, it is believed that EPS can further contribute to this expansion, and consequently with the National Health System.

It is noteworthy that the EPS is a strategy that, besides enabling technical upgrade of health professionals, allows reflection and critical analysis of work processes and training processes facilitating the identification of problems and the creation of strategies for coping with the same.2

The processes of permanent health education are aimed at seeking solutions from the problems faced in daily work, considering the experiences and experiences of each, and, thus, promote the transformation of professional practices, the organization of work itself and teaching practices.2

The FHS is presented as a dynamic space in which different social actors are involved and constitutes a privileged space for integrated multidisciplinary activities in which the Permanent Education may arise as a strategy for mobilizing the subject, discussion and reorientation of the labor process in order to improving the quality of services offered and can be a tool facilitating the implementation of best practices in healthcare.

The unrest that led to this research came with the realization through readings and conversations with various professionals of health of the National Policy on Permanent Health Education adopted in 2003 by the National Board of Health has still incipient in the everyday many health services despite several initiatives designed to promoting it. Moreover, the focus on the FHS is justified by one of the authors to be a nurse in the local search and show little discussion about EPS.

It was also noticed, through research, that many authors experience conflicts to conceptualize education processes at work and that this conceptual conflict extends to professional nursing practice.3

Studies show that there are difficulties and obstacles to implement the Permanent Education in Health in several scenes of public health in Brazil and professionals from different categories are unaware of the concept of EPS, which was also observed in practice and in research by the authors of this study, thus, we observe that many professionals working in primary care confuse the concepts of permanent education and continuing education and permanent education practices end up not existing in these scenarios.1-4

OBJECTIVES

- Discussing the concept presented by the professionals of the family health strategy about the permanent health education.
- Reflecting on the knowledge demonstrated by these professionals and possible implications for the implementation of permanent Education.

METHOD

This is a descriptive and exploratory study, with a qualitative methodological approach. The subjects were 26 professionals from different categories working in seven teams of family health in a neighborhood on the West Zone of the city of Rio de Janeiro who were approached randomly.

The data were produced in December 2012 with an interview form containing an open question about knowledge of these professionals about the concept of Permanent Education in Health. To protect the identity of the subject identification codes were assigned to each represented by initials ID and followed by sequence numbers.

The procedure adopted for organizing the collected data to content analysis proposed by Bardin,5 which is characterized as a set of analysis techniques of communication which aims to obtain, systematic and objective procedures to describe the content of the messages, indicators (quantitative or not) that allow the inference of knowledge concerning the conditions of production and reception (inferred variables) of such messages; still, presents itself as a “tool” that enables “eliminating hazards of spontaneous understanding”. In this sense, the author proposes a content analysis in order to understand the core of communication, beyond the immediate meanings.

In content analysis, three chronological poles are considered: Pre-analysis, is the organization phase, a period which aims to operationalize and systematize the initial ideas, so as to lead to a framework for an analysis plan; Exploration of the material, which is the systematic application, and long phase consisting of coding, decomposition or
Enumeration, according to rules previously issued operations, and finally, processing, and interpretation of the results obtained at this stage results are treated so as to be significant and valid, and statistical operations allow us to establish results frameworks that condense the information provided by the analysis.3

Thus to summarize the data controller it is shown the following steps: Reading the empirical material several times, until you gain familiarity with the ideas; Definition of Units of Records (UR), which, for such were marked all ideas professionals in the context of the questionnaires, adding to a total of 34 UR; Definition of the themes of the UR, the construction of the units of meaning and quantification.

There was attributed to letters of the alphabet, A through J, to units of meaning for a total of ten (10). This time, there were ideas and they were grouped according to similarities to assign names to the units of meaning They are: B) the teaching-learning process (01), A political- pedagogical proposal (01) Curriculum C) work process (01), D) Training, updating and continuous recycling (15), E) Education continuous process of constant learning (2) F) improvement and professional qualification (1), G) Training courses, lectures and seminars (5), H) Disease Prevention (4), R) health promotion (3), J) Promoting education (1).

After analysis, three categories were established, named and quantified: "Permanent Education in everyday health services: the concept brought by professionals and Policy of the Ministry of Health" (UR 03 or 8,8%), " Permanent education and continuing education: different conceptions and complementary practices" (UR 22 or 67,7%) and "Permanent Education, disease prevention, health promotion and health education: distinction of concepts"(UR 08 or 23,5%).

The research project was submitted to and approved by the Research Ethics Committee of the Municipality of Rio de Janeiro, under protocol Nº 157/2012, and in addition, all subjects agreed in participating voluntarily in the study and signed an informed consent and clarified.

RESULTS

Table 1. Summary of records units (RMUS), units of meaning (US) and content analysis categories.

<table>
<thead>
<tr>
<th>Code UR</th>
<th>Unit of meaning</th>
<th>Total UR</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Political-pedagogical proposal</td>
<td>01</td>
<td>1st Permanent education in the daily life of health services: the concept brought by the professionals and the policy of the Ministry of Health</td>
</tr>
<tr>
<td>B</td>
<td>Teaching-learning process</td>
<td>01</td>
<td>2nd Permanent education and continuing education: different conceptions and complementary practices</td>
</tr>
<tr>
<td>C</td>
<td>Problematization of the working process</td>
<td>01</td>
<td>3rd Permanent education, disease prevention, health promotion and health education: distinction of concepts</td>
</tr>
<tr>
<td>D</td>
<td>Training, upgrade, improvement and professional qualification</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Recycling, training, courses, lectures, seminars</td>
<td>06</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Continuing education, process of constant learning</td>
<td>02</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Diseases prevention</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Health promotion</td>
<td>03</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Promoting education</td>
<td>01</td>
<td></td>
</tr>
</tbody>
</table>

Of the 26 subjects who participated in the survey, 35% were male and 65% female. Regarding the age of the participants 27% were between 20 and 30 years old, 31% 31-40 years old, 23% 41-50 and 19% over 50 years old. As to occupation 42% of the subjects were community health workers, 11% nursing technicians, 8% physicians, 8% dentists and 8% dental health aides, nurses 7%, 4% pharmacists, pharmacy technician 4%, 4% official pharmacist, and 4% technicians of oral health. As regards participation in the introductory course of the FHS 88% of the subjects participated and 12% have not yet done the course.

From the data presented in Table 1 it can be seen that 8,8 % of Professional Permanent Education conceptualize as the proposal of the Ministry of Health policy, 67,7% demonstrated this conflict when conceptualizing pedagogical practice as the defining regarding continuing education and 23,5% in defining permanent education introduce concepts of disease prevention, health promotion and health education.

The results were analyzed and three categories for discussion emerged, namely: 1st Category - Permanent Education in the everyday life of health services: the concept brought by professionals and Policy of the Ministry of Health; 2nd Category - Permanent education and continuing education: different conceptions and complementary practices; 3rd Category - Permanent education, disease prevention, health promotion and health education: distinguishing concepts.
DISCUSSION

1st CATEGORY - Permanent Education in the everyday life of health services: the concept brought by the professionals and the ministry of health policy

It was verified that many professionals of healthcare practice unaware of the proposal and the concept of permanent education in health, since only 8,8% of subjects defined permanent education in accordance with the proposal of the Ministry policy, which makes it even more challenging their implementation in the FHS.

The data in Table 1 reflect the practice and discussion of permanent education is still in its infancy in the research scenario. The National Policy on Permanent Education policy was developed with a focus on training and professional development for SUS (Unique Health System) which proposes the integration of education and health work, and analysis of data, there is little integration scenario.

The policy in question in its composition reveals the means to break with the logic of traditional education based on the transmission of knowledge, also classified by Freire as banking education, which assumes that the student subject knows nothing and that the teacher holds the namely, creating a vertical relationship in which the teacher is the subject of learning, one that puts the knowledge, and the student is the object that receives the knowledge. Education seen by this view, objective, intentionally or not, some form subject questioners, who undergo the ruling power and intervene little in reality.6

The Health System of Brazil (SUS) is the result of popular struggle for democracy and the right to health. This fight brought together various sectors of articulated society in the movement for Health Reform, which had the 8th National Health Conference, a political momentum which culminated in the adoption of guidelines and guiding principles of SUS: universal access to equitable, comprehensive care, unification institutional system, decentralization, regionalization, hierarchy of network services and community participation. These guidelines subsidized parliamentarians of the National Constituent Assembly and were incorporated into the text of the 1988 Constitution.7

The SUS is a counter-hegemonic social policy that resists permanent strokes applied by those who prefer to treat the disease as merchandise, as well as reducing the state's role in social policy. Health is desired by the market as an inexhaustible source of earnings, and accordingly, there is a significant mobilization of society, users, social movements, workers and health managers who act in defense of the SUS preventing setbacks and contributing daily for consolidation.7

It is noteworthy that the consolidation of SUS depends on the involvement of the whole society, and that the participation of professionals and health managers becomes critical and strategic, we need both to invest in training and development professional with ability to discuss and reflect on reality of the Brazilian population, these professionals will be able to intervene and promoting changes in everyday services and thereby develop and strengthen the SUS.

The Politics of permanent education works in a logical ascending the qualification of workers is considered from specific problems identified in the work processes, so that the issues worked make sense for the individuals involved, ie, it is based on meaningful learning, and takes into account the specificities of each scenario, the knowledge and experiences that people have already.2

The processes of permanent health education aimed at the transformation of professional practice and organization of work itself. The National Policy proposes that the process of training of health workers make up from the questioning of the work process and considers that the need for training and development of employees are guided by the health needs of individuals and populations.2

It is highlighted that education work of health workers ascending and contextualized by fostering active participation and leadership, developing critical thinking about every day and response and promoting change, constitutes a challenge and a necessary construction for that to ensure compliance with the Brazilian population SUS principles and follow the path to its consolidation.

2nd CATEGORY - Permanent education and continuing education: different conceptions and complementary practices

Most individuals surveyed, 67,7%, identified permanent education as a practice with particular emphasis on training and refresher courses, aimed at training professionals for the job, ie, describe consistent with the proposal of continuing education practices. This reflects the educational processes disseminated in the scenario in which they
operate are fundamentally based on continuing education.

The Federal Constitution of 1988 in its article 200, section III, attributes to SUS the authority to order the training in health. And, from then on, the issues of health education become part of purposive allocations System and commit them to the Ministry of Health has developed, over time, strategies and policies for fitness training and qualification of workers health needs of the population and development of SUS.

In 2003 the National Board of Health approves the resolution that gives grants to the Ministry of Health approved the decree 198/04 establishing the National Policy on Permanent Health Education as SUS strategy for training and workforce development for the sector. The Permanent Education is an achievement of health workers in Brazil and must be constantly improved so that we can ensure quality services. To reaching the National Policy on Permanent Health Education has come a long way with intense discussions on training and continuing education.

With grounding in research and practical experience, health services still implement continuing education, leaving the development of permanent education incipient that can be endorsed by analyzing the responses to the question “What is permanent health education for you?”, where 67,7% defined permanent education according to the proposal of continuing education. This result reflects that the practices that permeate the daily lives of these professionals are still the continuing education. Thus, it is important to clarify the main differences that characterize these educational practices in and to the service in order to help minimize misunderstandings.

Continuing education is grounded in scientific and technical knowledge, with emphasis on training and courses to suit professionals to work, so that continuing education does not promote a space for reflection and critique of care, but a reproduction of approaches already established which may or may not fit the reality of health. The practice of continuing education services is characterized by unprofessional approach that develops themes of specialties, happens sporadically in everyday services and is geared for technical updating of professionals, is guided pedagogy in the transmission and acquisition of knowledge passively, develops programs without considering the local reality.

Permanent education is characterized by a multidisciplinary approach, seeks an established practice that aims at transforming of technical and social practices, and is based pedagogy focused on solving problems, where the result is institutional change and active appropriation of scientific knowledge, strengthening teamwork. It addresses the health problems in context, has an ongoing basis and encourages active participation and leadership of the workers proposing analysis and critical reflection on daily life.

When defining the differences between permanent education and continuing education as distinct educational healthcare processes should be emphasized that these practices can be developed in a complementary fashion in everyday services, and that, although different methodologies guided by a practice are not mutually exclusive, and both contribute to the formation and development of health professionals and the improvement of work processes in SUS.

3rd CATEGORY - Permanent education, disease prevention, health promotion and health education: distinguishing concepts.

The subjects of the research featured a diverse group of professionals working in teams of family health strategy. The percentage of 23,5 % of the subjects, to define concepts presented permanent education on disease prevention, health promotion and health education, which reflects that such concepts underlying the teaching work in family health are still unclear.

In order to clarify these concepts, health promotion emphasizes the changing conditions of life and work, requiring an intersectoral approach, and shows the transformation of individual decision -making processes that are predominantly favorable quality of life and health, have preventive actions are defined as interventions aimed at preventing the emergence of specific diseases, reducing its incidence and prevalence in populations. For both, is based on epidemiological knowledge of diseases and other specific ailments.

Regarding health education may be said that their concepts and purposes adapted according to the paradigm shifts that have occurred in the health sector. For centuries the educational processes were based on the pedagogy of transmission, in which the knowledge was transmitted to subjects without critical reflection, thus caused little or no impact on quality of life and health of.
permanent education under the look of...

the population, in the specific case of health education, this practice was promoted unidirectional, professional way of population health, and popular knowledge was not considered.\textsuperscript{10}

Grounded in the transformation of health paradigm over recent decades health education acquired new configuration in order to become capable of promoting and encouraging behavior change and improvement in health status of the population. Educational activities have been defined as a process that aims to empower individuals and groups to contribute to the improvement of their living conditions and health.\textsuperscript{10}

With the creation of the SUS promote health and quality of life gain evidence and thus most appropriate methodologies to meet the aims and objectives are to be used, such as, and popular health education and dialogical education, as they seek to preserve individual autonomy, and enhance dialogue with popular knowledge, fostering leadership and social control.\textsuperscript{10} Therefore, it is evident that the concepts presented above for health promotion, disease prevention and health education are clearly distinct, and all these actions are part of the daily work in the Family Health Strategy, but with focus on the user, since the EPS is focused on the worker, but through it you will also have your participation and realize its benefits. Thus, we emphasize that it is essential that all professionals involved in primary health care have knowledge and clarity of the concepts defined above, for the practice of lifelong education, health promotion, disease prevention and health education are adequately developed, since that in this study there was a clear blurring of concepts that seem so simple are not.

**CONCLUSION**

Understanding the concepts of educational processes in health and discussing them with the multidisciplinary team is of great importance that these practices are effectively implemented in everyday services. The different concepts presented by professionals in primary health care regarding the permanent education reflect how much this practice is not yet widespread in this scenario, where only 8,8% of subjects defined permanent education according to what is proposed in Politics Ministry of Health.

It was stressed that the implementation of lifelong education still faces some challenges, among which, the conceptual, methodological, contextual and political, and that this study emphasized the conceptual aspect.

The EPS makes contributions to nursing and the entire healthcare team since this practice provokes reflection on the process of work, develops observation and communication, the ability to discuss and seek creative solutions to everyday situations and promotes working in team.

Permanent education is an achievement of workers in Brazil and should be constantly improved as it is a tool that contributes to improving the quality of health services offered to the population and the process of consolidation of SUS.

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