ABSTRACT
Objective: to reflect on educational practices as a tool for Participatory Management and on its implications for nursing care in primary health care. Method: reflective analysis drawn from the principles and guidelines of the Unified Health System and the educational practices in participatory management. Results: with the health reform process, social control has been the focus of attention in different spaces of construction of the Unified Health System. It is a strategy to democratize power, a channel of claim for social participation, becoming a tool to enable participative management. Conclusion: social participation in councils is still fragile, which indicates the need for emancipatory educational practices that empower council members and make them active subjects in the process, with implications for nursing care. Descriptors: Nursing; Health Education; Social Participation; Primary Health Care.

RESUMO
Objetivo: refletir sobre as práticas educativas como instrumento de Gestão Participativa e sobre suas implicações para o cuidado de enfermagem na atenção primária. Método: estudo de reflexão teórica elaborado a partir dos princípios e diretrizes do Sistema Único de Saúde e das práticas educativas na gestão participativa. Resultados: com a reforma sanitária, o controle social tem sido foco de atenção nos diferentes espaços de construção do Sistema Único de Saúde. Trata-se de uma estratégia para democratizar o poder, um canal de reivindicação da participação social, tornando-se uma ferramenta para viabilizar a gestão participativa. Conclusão: a participação social nos conselhos ainda é frágil, o que remete à necessidade de práticas educativas emancipadoras, que capacitem os membros do conselho e os tornem sujeitos ativos no processo, implicando no cuidado de enfermagem. Descritores: Enfermagem; Educação em Saúde; Participação Social; Atendimento Primário à Saúde.

ABSTRACT
Objective: to reflect on educational practices as a tool for Participatory Management and on its implications for nursing care in primary health care. Method: reflective analysis drawn from the principles and guidelines of the Unified Health System and the educational practices in participatory management. Results: with the health reform process, social control has been the focus of attention in different spaces of construction of the Unified Health System. It is a strategy to democratize power, a channel of claim for social participation, becoming a tool to enable participative management. Conclusion: social participation in councils is still fragile, which indicates the need for emancipatory educational practices that empower council members and make them active subjects in the process, with implications for nursing care. Descriptors: Nursing; Health Education; Social Participation; Primary Health Care.

RESUMO
Objetivo: refletir sobre as práticas educativas como instrumento de Gestão Participativa e sobre suas implicações para o cuidado de enfermagem na atenção primária. Método: estudo de reflexão teórica elaborado a partir dos princípios e diretrizes do Sistema Único de Saúde e das práticas educativas na gestão participativa. Resultados: com a reforma sanitária, o controle social tem sido foco de atenção nos diferentes espaços de construção do Sistema Único de Saúde. Trata-se de uma estratégia para democratizar o poder, um canal de reivindicação da participação social, tornando-se uma ferramenta para viabilizar a gestão participativa. Conclusão: a participação social nos conselhos ainda é frágil, o que remete à necessidade de práticas educativas emancipadoras, que capacitem os membros do conselho e os tornem sujeitos ativos no processo, implicando no cuidado de enfermagem. Descritores: Enfermagem; Educação em Saúde; Participação Social; Atendimento Primário à Saúde.
INTRODUCTION

Participatory management is a cross-sectional strategy present in everyday processes of management of the Unified Health System (SUS). It enables the formulation and deliberation of actions and plans by all participants in the process of social control and requires the adoption of practices and mechanisms that enforce the participation of health professionals and the community in government decision-making.¹

Since the beginning of the Brazilian Sanitary Reform Movement, popular participation and social control have been the focus of attention in different spaces of construction of the Unified Health System. Laws 8.080/90 and 8.142/90 establish the regulation of the structure and organization of the health care system and society's participation in the control of the management of such system. The first law deals with the conditions for the promotion, protection and recovery of health, and regulates the organization and operation of health services. The second law deals with community participation in the management of the SUS, with the creation of the Health Councils at different levels of organization: federal, state, municipal and local.²

In practice, however, it is seen that the effective functioning of the councils has occurred at federal, state and municipal levels, but is in the consolidation phase of its implementation at the last organization level previously mentioned. Part of the council members are the own users of the SUS. However, these people have little or no information on how to play their roles.³ Considering this fact, there is the need for them to participate actively and fully play their roles. This empowerment is possible through educational practices, which can be performed by nurses and other members of the healthcare team.

We know that education and health are areas of production and application of knowledge for human development. There is an intersection between these two fields, both in the various levels of health care and in the continuous acquisition of knowledge by health professionals. In everyday life, these professionals (even unconsciously) make use of a permanent cycle of teaching and learning.

The proposal for the performance of educational activities refers to the importance of considering people's ability to organize their own learning process and build their knowledge. Because teaching is to creating possibilities for the construction and reconstruction of knowledge. The process of building education is a joint process. In this sense, there would be no such thing as the transmission of knowledge, but rather a dialogue that enabled to uncover doubts about the topic addressed. In this perspective, educational activities are not restricted to the mere transfer of knowledge about a specific topic. They become a means for the exchange of knowledge.³

In turn, the implementation of educational practices by the nurse together with social control representatives in participatory management will have direct (and emancipatory) repercussions on the care provided in primary health care. It does not matter whether it is done by a nurse or another health professional. The implementation of such practices ensures the fulfillment of the principles and guidelines set out in the SUS and translated as the right to health.

The reflections presented here originated from discussions and studies conducted at the discipline of Health, Nursing, Culture and Educational Practices of the Academic Masters Program ‘Clinical Care in Health’, State University of Ceará. They are based on the considerable experience of the authors in the context of participatory management, more directly in the meetings of the Health Councils, as well as in educational practices conducted through training workshops for council members.

This study aims at supporting health care professionals and professors who have the desire to assist in the empowerment of citizens with regard to public health care policies, through educational practices that value the collective and liberating construction of knowledge.

In this article, we sought to critically reflect about educational practices as a tool for participatory management and about its implications for nursing care in primary health care. Such practices are primarily grounded in Paulo Freire’s concepts of education: a “liberating” education, in which teachers have a democratic relationship with students.

OBJECTIVE

- To reflect on educational practices as a tool for Participatory Management and on its implications for nursing care in primary health care.
Health Councils seek to establish and develop a bond with social movements. Their aim is to deconstruct passive and individual actors in order to achieve the construction of active and collective subjects. Councils are also responsible for intervening in the planning of strategies and for operational control, including in financial aspects of public health policies at federal, state and municipal levels of SUS management.

Health Councils are part of a general movement that seeks to overcome existing forms of political participation, crystallized in traditional political parties. They seek, thus, to develop democratic institutions that promote political inclusion through direct citizen participation in the decision-making processes.⁴

Social control · through Health Councils · is a strategy for democratizing power, a space or channel of claim for regulated and institutionalized social participation. It has an educative character, claiming collective rights and influencing political practices in technical, administrative, environmental and budgetary aspects, through deliberations, interventions and the forwarding of decisions on needs identified by the legitimate representatives. Social control becomes a tool that makes Participatory Management · the democratic act of managing the actions and political pratices of social control through the planning of health programs and services - possible. Is the accomplishment of institutionalized social participation and a channel for the establishment of effective social control.⁶

Participatory management, therefore, enables the regular and collective involvement of individuals in the creation of goals and objectives, in the process of solving problems, in the decision-making process, in the access to information and in the control over the implementation of public health policies.

The institutionalization of Health Councils as an organism for social control was accomplished through some legal provisions, starting with the 1988 Constitution, which established the decentralization of management. In addition, two laws were also enacted: 8.080/90 and 8.142/90. Among other things, bring forth regulations regarding Health Councils.

Law 8.080/90 deals with health promotion and the organization of services, as well as with political and administrative decentralization. Law 8.142/90 deals with community participation and regulates the development of a Health Council system in
each sphere of government. Such Council would consist of: representatives of health services users (50% share); professionals who work in the area (nurses, doctors, nutritionists, dentists, technical and administrative personnel, among others; 25% share); and the manager (government) and SUS service providers (25% share). 4

In order to explain in detail and expand the powers of the councils, the National Health Council adopted two additional legal provisions: Resolutions No. 33 of 1992 and No. 333 of 2003, which mainly sought to encourage the effective functioning of the Health Councils and to ensure users’ representation.

The legal provisions also established that the transfer of funds to states and municipalities only occur after the existence of their respective Health Councils had been confirmed by the health secretariats. Moreover, some requirements that make it imperative the existence of these councils have been recently included. The duty of the Councils would be to review and approve health plans, budgets and other management tools. Such normative conditions, together with the politicization of the issue-health have made possible to put the implementation of the SUS under constant questioning and surveillance. This resulted in the development of a critical mass of support that has greatly ensured the improvement of the system and an increasing citizen participation, strengthening the foundations of users’ social control over the decisions and actions of sectoral authorities. 7

Health Councils, as already discussed, are institutionally provided for and, in principle, do not depend on the mobilization of the population in order to operate. However, in the exercise of its functions, the political participation of citizens, as well as of the communities and organizations involved with them are required in order to promote negotiations or agreements, resolve disputes, supervise or establish priorities for the health field. 5

Because they bring together social actors with different interests, backgrounds and life stories, councils end up becoming a place of conflicts and power struggles. However, at the same time as they host these struggles, they also are also a space for developing citizenship. By implementing their participatory power, political subjects end up exerting a positive influence on the execution of public policies and, consequently, on strengthening the SUS.

In a participatory management context, the Health Council presents proposals to intervene in policies, aiming at creating health promotion actions, changing the health care model and strengthening primary health care, i.e., a movement of re-politicization of health. The councils encourage social mobilization in order to show health as a right of citizenship. It works through dialogue with society and goes beyond the institutional boundaries of the SUS to make sure that the all participants/actors play their roles. 8

The Councils have a strategic importance in the process of restructuring of health care. Currently, this process has as its “main route” the Family Health Strategy (FHS). The restructuring is not only technical. It involves expectations, demands and behavior of all those involved in the provision of care, from managers to users. In addition, it involves the reshaping of relations between these actors. In this context, it is expected that the Health Councils do not merely function as instances of social control, but also as a space for the expression of demands and expectations of the many segments that compose them. Educational actions are one of the possible strategies for making social control effective and empowering health council members by providing them with the appropriate and necessary knowledge to be able to perform their roles. These actions can be performed by nurses, as members of an interdisciplinary team and as those professionals who are more involved with health education within this team, especially in primary health care. 4

- **Educational practices in participatory management**

  The teaching-learning process is a human, historical and multidimensional phenomenon. Accordingly, it is under permanent construction and has different causes and effects according to the point of view adopted. Traditionally, the educational process was seen as the transmission of “finished” knowledge, passed through by the knowledge owner and assimilated by passive learners. The concept of education was innovated by stating that the educational act should not be based on the transmission of knowledge, on the simple transfer of information, because then it would just be reproducing a “banking concept”, which does not contribute at all to the formation of critical and reflective subjects, who are characteristic of a transformative process. 3

  Educational practices developed in the field of health have been named in various ways and are related to the history of education in health and to how these
activities have been appropriate. These practices go beyond the limits of discussion about the health-disease-care process, because, since they are considered a form of dialogue between council members and health care services, they can be used as tools to make sure that Participative Management is well/properly performed.

With regard to political participation in health, based on Participatory Management, both from the point of view of the actions of direct participation and in instances of social control, health education is thought to be influential in the broad participation of subjects in the Councils and Conferences; as a tool for revitalizing the participation of popular representations; as well as boost to face the problems with which they are faced in the SUS.¹

That is why the expansion of sanitary and political critical awareness, greater popular protagonism and participation, and the transformation of individual and collective educational practices are required as a way of facing social determinants in health.

It is interesting to note that this is a reflective process: educational practices focus on Participatory Management and Participatory Management can be considered under the prism of educational practice. It is stated that Health councils have a potential to be catalysts for the process of education for citizenship and for the promotion of health and critical awareness.⁹

Participatory Management promotes the exercise of dialogue and agreement of the differences, in order to build shared knowledge about health. Thus, the needs and desires of the population can be better voiced by it, and listened to by health professionals and services, so that health care and user embracement are meaningful for both sides.¹¹

Social participation in health councils is still fragile and is influenced by the culture of non-participation, lack of political awareness and fear of discrimination. This fact indicates the need for permanent education processes occurring at the same time that participation is exercised.¹⁰

That author adds some actions aimed at strengthening social control that were cited in his study, such as unveiling to the general public what social control really means; training council members (employees, users and managers); exchanging experiences; updating knowledge, among others.

It is observed that the integration among Participative Management, health units and the Municipal Health Secretariat is an effective strategy for promoting social participation and has a direct impact on the application of the principles and guidelines of the SUS and on guaranteeing the right to health, as established in the Brazilian constitution.¹²

One of the ways of conducting educational practices with members of the Health councils is offering training workshops. Nurses could be one of the creators and facilitators of this practices. During this training, council members are enlightened about their importance in the development and execution of the SUS, strengthening popular participation in the creation of health policies and in monitoring its implementation by the managers. Moreover, a material containing texts that could serve as a basis for the training of local council members should be elaborated.

In Freire's view, education is constituted as a dialogical process, since it is based on dialogue; a democratic process, due to the respect that should exist between student and educator; and a problematizing process, because it must be intrinsically linked to the life reality of the subject and politician, leading him/her to reflect on the social environment in which he/she is inserted.¹³

The training of health counselors, held by the nurse or other professional, could follow Freire's conceptions, acting in a way as to promote the sharing of responsibilities by the nurse (holder of the attributes and competences) and the health counselor (owner of his/her self-knowledge and holder of a position within the Health Council). Thus, the nurse as the main responsible for this educational practice will be able to promote the empowerment of council members so that they can fully play their actual roles, focusing on improving public health policies.

Thus, we believe that effective educational activities performed by nurses for strengthening social participation will directly impact nursing care. The active and effective social participation in Health Councils, in the context of Participatory Management, enables greater participation of society in the discussion, formulation and control of public...
Fernandes MC, Santiago JCS, Rodrigues DP et al.

health policies. It also directly reflects on ensuring the human right to (integral) health and strengthen primary health care, which is considered the main route of users’ access to health care services.

**FINAL CONSIDERATIONS**

Our reflections made it possible for us to realize the importance of educational practices as a tool for enabling Participatory Management, through actions based on information sharing among social actors, and emphasizing the educational activities of nurses in primary health care. They also instigate the protagonism of citizens/subjects, thus enabling them to face their rights and duties in public administration in the health sector.

Thus, we believed that research and actions developed by higher education institutions, such as the one developed in this study, should not be restricted to the scientific community. They must go leave the physical limits of the academic environment and reach society, in order to seek solutions to the problems of Brazilian society.

This study suggests the creation of partnerships between universities and the society, especially with primary health care nurses. The aim is to train and empower council members, and mobilize the academic community into discussing the particularities that the SUS encompasses and its relationship with Participatory Management to achieve improvements in public policies directed at healthcare provision.

The reflections made here are dynamic and unfinished. Therefore, future studies need to be implemented, especially concerning the realization of the inseparability of teaching, research and extension in Brazilian universities, in order to create new educational activities related to participatory management. This will have positive influences on the practices of caring in nursing and health.

**REFERENCES**

Educational practices as a tool for participatory...

