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RESEARCH

Permanent nursing education in family health strategy

Educação permanente em enfermagem na estratégia saúde da família*

Educación permanente de enfermería en familia estrategia de salud

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ABSTRACT

Objective: to analyze the permanent education process of Nurses in the Family Health Strategy and its relationship with the quality of the care provided. **Method:** This is a qualitative research, carried out with 26 Nurses of Primary Healthcare Units. The data were collected from April to June 2012, by means of semi-structured interview, processed in Alcest 4.8 and analyzed by descending hierarchical classification. **Results:** They were presented in four classes, namely: the availability of nurses for trainings; the permanent education policy; the quality of nursing work and vocational training through the introductory course and specialization. **Conclusion:** The permanent education process of nurses in the Family Health Strategy depends on the Permanent Education Policy adopted in the municipality, with the training of nurses. The permanent education is directly related to the quality of care. **Descriptors:** Nursing, Education, Family Healthcare.

RESUMO

Objetivo: analisar o processo de educação permanente dos Enfermeiros na Estratégia Saúde da Família e sua relação com a qualidade da assistência prestada. **Método:** Trata-se de uma pesquisa de abordagem qualitativa, realizada com 26 Enfermeiros das Unidades Básicas de Saúde. Os dados foram coletados de abril a junho de 2012, por meio de entrevista semi-estruturada, processadas no Alcest 4.8 e analisados pela classificação hierárquica descendente. **Resultados:** Foram apresentados em quatro classes, a saber: a disponibilidade do enfermeiro para capacitações; a política de educação permanente; a qualidade do trabalho dos enfermeiros e a capacitação profissional por meio do curso introdutório e especialização. **Conclusão:** O processo de educação permanente dos enfermeiros na Estratégia Saúde da Família depende da Política de Educação Permanente adotada no município, com a capacitação dos enfermeiros. A educação permanente está diretamente relacionada com a qualidade da assistência. **Descritores:** Enfermagem, Educação, Saúde da família.

RESUMEN

Objetivo: analizar el proceso de la educación permanente para las enfermeras en la Estrategia de Salud de la Familia y su relación con la calidad de la atención proporcionada. **Método:** Se trata de un estudio cualitativo realizado con 26 enfermeros de las Unidades Básicas de Salud. Los datos fueron recogidos entre abril y junio de 2012, mediante entrevistas semi-estructuradas, procesados en Alcest 4.8 y analizados por clasificación jerárquica descendente. **Resultados:** Fueron presentados en cuatro clases, a saber: la disponibilidad de enfermeras para la formación continua, la política educativa, la calidad del trabajo de las enfermeras y la formación profesional a través del curso introductorio y especialización. **Conclusión:** El proceso de la educación permanente para las enfermeras en la Estrategia de Salud de la Familia depende de la Política de Educación Permanente adoptado en el condado, con la formación de enfermeras. La educación permanente está directamente relacionada con la calidad de la atención. **Descriptores:** Enfermería, Educación, Salud de la Familia.

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INTRODUCTION

The Ministry of Health (MOH) to meet the responsibilities that are incumbent upon the Unified Health System (SUS) on the topic of Permanent Education in Healthcare has developed strategies and policies directed at the qualification of healthcare workers to collaborate technically with the managers, in order to suit the needs of the population's health.

Permanent Education in Health is a strategy toward the reflection of professionals about the problems encountered in the workplace with the purpose of proposing changes in reality and converge with the new healthcare model proposed by SUS. However, it demonstrates a contradistinction to educational model defined in permanent education applied in the twentieth century, which is founded in the pre-established and institutionalized practices techniques without critical reflection on the part of healthcare professionals.¹

Permanent Education in Healthcare has been addressed in several studies, which takes advantage of an approach to professional knowledge on the concept, philosophy and relevance to the healthcare industry. Thus, it is necessary to disseminate this educational strategy due to the lack of involvement of health professionals in relation to education-service.

In this context, one should consider the inclusion of this strategy in the training curricula of healthcare professionals, because the new teaching models turn towards the transformative practice of reality in which the work develops. However, the application of permanent education process confirms the vocational skills, effective intervention at work and the consequent transformation of reality. Therefore, J. res.: fundam. care. online 2013. dec. 5(6):64-73

Permanent nursing education... seek the transformation of practice and support in a reflective, contextual, collaborative and constructive design, it incorporates the need to promote permanent education.²

Thus, health professionals must believe that the needs and the barriers found in the health units can be overcome by means of competences and skills obtained in permanent education, as well as, in the use of technology, multi-disciplinary integration, reflection on their actions for the promotion of efficiency in healthcare.³

The multi-disciplinary teams of Family Health Strategy (FHS) performs the work within the scope of the municipalities so that their guidelines if they return to the prevention, health promotion and recovery, however, there is a growth of skills directed to public healthcare.⁴ However, it is important to consider the role of the nurse in this process, because the same on condition of team manager has the responsibility to integrate all the professionals for the achievement of a quality service, therefore there is a relevance to keep it entered the process of permanent education, as well as, the multi-professional team.

In this context, the choice of the proposed topic was achieved by compliance with the work of professional nurses in the FHS in the municipality of Piripiri-PI, Brazil, in which the permanent education offered by the service, prepares professionals to meet in part the needs of the population. Thus, as the care process shows improper practices, have negative repercussions on the work performed by the team. On the other hand, the importance of nursing work in the FHS is apparent which strengthens the construction of SUS with regard to prevention, health promotion and recovery.

The Municipal Health Secretariat of the Municipality of Piripiri-PI provides the

Araújo RRM, Moura MEB, Nunes BMVT *et al.* implementation actions of the community care grounded in the doctrinal principles of the SUS, through active health professionals in the FHS among other sectors. However, if it is necessary to evaluate the dynamic care of professional nurses in the FHS insofar as the process of permanent education.

Based on the considerations the following was defined as guiding research question: how permanent education is developed in the dynamics of the work performed by nurses in the FHS in the municipality of Piripiri-PI, Brazil based on the the National Policy on Permanent Education proposals? In this context, the study aims to analyze the permanent education process of Nurses in the Family Health Strategy and its relationship with the quality of the care provided.

METHODOLOGY

This is a qualitative study conducted with 26 nurses of Basic Health Units of the Family Health Strategy of Piripiri-PI, Brazil in the period April-June 2012. The data were produced by means of a semi-structured interview, processed in Alcest 4.8 and analyzed by Descending Hierarchical Classification.

Data production was performed after signing the Free and Informed Consent by the subjects and approval by the Committee for Ethics in Research through the protocol number 0486.0.043.000 -11.

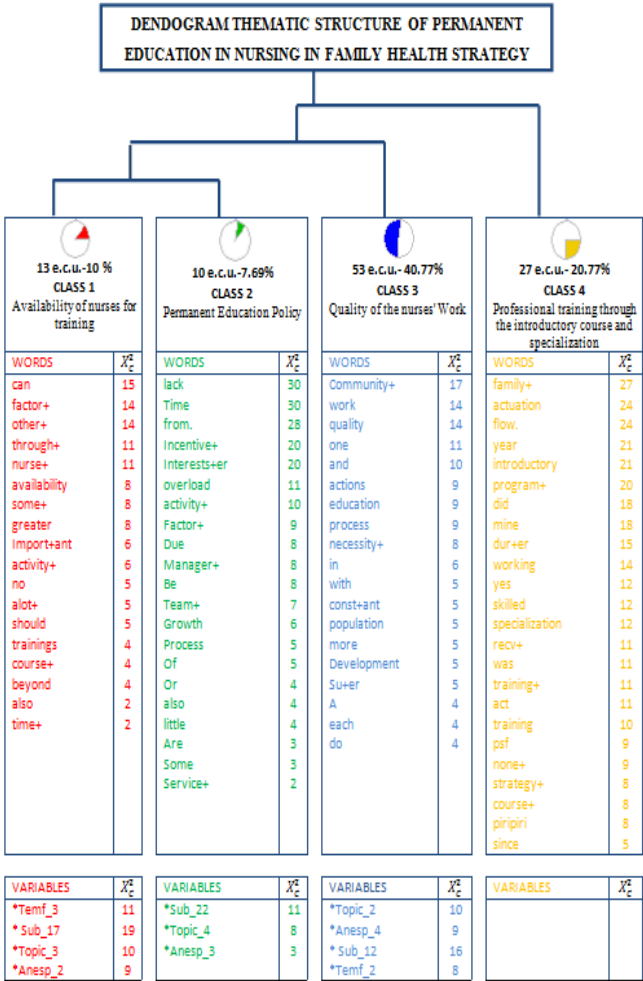
The processing and analysis of data were performed by means of the *ALCESTE software 4.8* (Analyse des Lexèmes Cooccurents dans les Enoncés d'un Texte). It uses the co-occurrence of words in propositions, which constitute the text, in order to organize and summarize information considered most relevant, and has as a reference

Permanent nursing education... in its methodological basis, the conceptual approach and logic of lexical worlds.⁵

RESULTS AND DISCUSSION

Four semantic classes were identified in the analyzed material and the combination thereof the following study variables: year of graduation, year of postgraduate studies, and area of graduate studies and time of work in the FHS, which represented 100% of the material to be analyzed. The corpus analyzed in this study consists of 26 initial context units of (ICU) or interviews, it was divided into 103 elementary context units (ECU).

Figure shows the relationship between the classes or thematic contexts by Descending Hierarchical Classification



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The dendrogram in figure 1 represents 79% of ECUs (elementary context units) cuts from the text (of the 103 identified 81 ECUs were classified).

The classes and their descriptions

Class 1 - Availability of nurses for training

Class 1, directly associated with class 2 consists of 13 UCEs, concentrates 10% of the classified UCEs, extracted predominantly from interviews 07, 11 and 26. Thus, the words in their reduced forms selected by frequency and by the values of χ^2 higher in the class were aimed at the permanent education of nurses in primary health care of women as in figure 1.

It can be observed that the research subjects indicate how important factor that interferes with the process of Permanent Education, the lack of time available to participate in training as a result of excessive workload of nurses thus contributing negatively towards the search of their qualification. It is what can be observed in the following UCEs:

The courses available, do not contemplate all professionals and nurses who do not have a doctor on staff are excluded from trainings, so that the healthcare unit is not left unattended (...) The demand for greater productivity of individual care, limits the availability for educational activities (...) Legitimate differences and discovering ways of meeting and construction of a collective strategy towards dealing with problems (...).

The statements of the subjects in the UCEs above show that the nurse has limited time
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for daily activities, which prohibits them from participating in the healthcare education process, since the level of postgraduate training with the specific issues, which consequently contributes to the full non-functioning of the permanent education process.

Thus, as in any work environment that requires a nursing team, the professional nurse is a leader. ⁶ In the Family Health Strategy, it is no different than where such function is indispensable in the management process of the nursing actions. This requires the professional to have greater dedication in several aspects, being next to the work team, during the preparation process of programmatic actions to be implemented, followed by supervision, evaluation on working together with the assisted community.

The step in which the nurse performs their functions by providing quality service, this increasingly recognizing the importance of the continuous search for better professional qualification of the staff. The professional believes that limitations to the participation of the team in educational events when originated from the great demand of service activities or for any other reason are unacceptable. Since the process of permanent education in healthcare promotes improvements to the work individually and collectively, in this sense it is worth program attempts to change in order to avoid negative repercussions in the work process. It is noteworthy that in the FHS there is flexibility in the viability of the program of activities, which favors certain freedom towards professionals to participate in events with an educational basis.

The SUS from Ordinance No. 1.996 de 20/08/2007 established the guidelines for the implementation of the National Policy for Permanent Education in Health, yielding the Collegiate Regional Administration and Standing

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Committees of Education, Integration and Service
(CIES).⁷

However, permanent education is a strategy for transformation of practices of training, attention and management, formulation of public policies, popular participation and social control of health. Enables a change in behavior and attitudes of professionals, making them look for a reflective activity towards their actions thus improve their service to the community. The education-work must be sought constantly and the identified problems allow analysis for a profound reflection and with that promote integration between education-work-citizenship.⁸

Considering the assumption, the National Policy on Permanent Health Education constructs a new management style because it is an educational process that enables the emergence of a space to think and do work in which the worker is a being who constructs and destroys guided by political, cultural and ethical values.

Class 2 - Permanent Education Policy

Class 2, directly associated with class 1 which in turn are directly associated with the class 3, is comprised of 10 UCEs representing 7.69 % of UCEs classified and extracted from interviews 2, 3, 9 and 20.

The words grouped together are exposed in figure 1, associated to the elements emphasized in the UCEs. It was highlighted that the permanent education process has been weakened by reasons associated with the lack of incentive on behalf of the manager, promoting motivation and disinterest of team in pursuit of trainings, interfering with the growth of this in the Family Health Strategy. However, it can be seen in the following UCEs:

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Permanent education is fundamental for the Family Health Strategy and, in particular, for the nursing staff, but the process of their application is influenced by several aspects to participate in the activities (...) It was observed that the lack of involvement and sensitivity on the part of some professionals team for participation in the process of permanent education (...) Lack of interest in professional qualification (...) It increases work effectiveness and efficiency, but there is a lack of time; excess of assignments; lack of incentives of managers and administrators.

It is important to emphasize that education is an essential phenomenon for human activity in a society, because in addition to developing the physical and spiritual abilities, it prepares the individual for active participation in the society in which they are inserted. as well as provides the knowledge from the experience by providing them with the experience for the search of skills from the union of knowledges.⁹ In this context, it is stated that the education transforms the man, into his own being, but the educational process by which passes implies in search of his knowledge and, consequently, in the construction of their knowledge.¹⁰

The permanent education process in healthcare configures itself as a policy institutionalized by SUS per be a transformative work strategy in healthcare, in which are involved professionals, managers, managers of health among others through the collegiate bodies of regional management and of the permanent committees of integrating teaching and service.¹¹

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However, it is complex to understand the story of the nurses interviewed in relation to the lack of incentive of the manager for the professional qualification process.

The manager understands that the diagnosis of the needs of the service is continuously carried out by the team, being important factor contributing to the planning of Permanent Education actions in the municipal healthcare workplace.^{11,12} This process allows the team, practices that promote the improvement of technical professionals and exchanges of knowledge for a satisfactory performance effectively to take care of requirements institutionalized by the manager.^{11,13}

Above all, it is observed from the positioning of nurses about their participation in the process of permanent education, that among the interfering factors, such as lack of involvement of the work team; lack of awareness of professionals of the team for the permanent education and the lack of incentive for the manager, produces disinterest and professional motivation, the latter being the most prevalent, so setting, in dissatisfaction in relation to the process of improvement of nursing and, consequently, motivation in applying the permanent education process in the Family Health Strategy.

Contrasting to the factors that influence directly in the training of nurses, it is noteworthy that the technical and scientific improvement must be continuous, since new programs are implemented or modified by the SUS in primary care. Now, the involvement of all levels in the education of healthcare workers process is necessary for the construction and maintenance of education learning, aiming to press that lifelong learning is a reality of the transformation from the education-work.

Class 3 - Quality of the nurses' Work

Class 3, directly associated to classes 1 and 2, consisting of 53 ECUs, concentrates 40.77 % of the ECUs, grouped the words shown in Figure 1.

It was observed that nurses recognize the importance of the permanent education process in the Family Health Strategy, it provides significant subsidies in the nursing conducts, as well as provides higher quality in the assistance given to the community from the recognition of the specific features of the restricted population. It is that it reveal the UCEs extracted predominantly from interviews 2, 4, 7, 8 and 21, are below:

It is necessary that the nursing staff will become aware of the importance of the permanent education process and use a transformative methodology (...) So that there is dialectical process between the knowledge of professionals and knowledge of the community, it is necessary that the permanent education process of is oriented towards the transformation of the work process (...) The permanent education contributes significantly, because it makes us improve the work process (...) Permanent education becomes important for offering the professional tools necessary for the development and qualified job and able to better meet the needs of the users.

In the UCEs above, we observe the statements of nurses regarding the permanent education process and its interconnection with the quality of care provided to the community.

Education in health is configured as a continuous and permanent process, requiring

Araújo RRM, Moura MEB, Nunes BMVT *et al.* dynamism on the part of the work team throughout their professional trajectory. The nurse has focused their activities in a humanistic, general-reflective and critical care guided by ethical principles with an emphasis on SUS,¹⁴ that continuously aims to the quality of service provision in SUS.

The quest for greater qualification makes the professional increasingly capable of performing their actions and contribute to individual and collective development, from the context it can be said that the quality of training directly reflects on the quality of care.¹⁵

Given this premise the nursing staff contributes significantly to quality work in the Family Health Strategy, considering the knowledge of the pillar responsible for all the resourcefulness of teamwork, this pillar called “Family” and from this, know their beliefs, their practices and values on health and disease.¹⁶

Permanent Education by presenting it as an educational process in healthcare work, provides subsidies to reflect on work practices, management and training, which favors changes in broader aspects, especially in interpersonal relations of the professionals to improve the strategies both within work and personal life.¹²

For the effective development of a job from the transformative methodology and aiming at quality of care it is essential that there be harmony between the knowledge of the context in general, team and community assisted with this one has a qualified and capable workers to better serve the needs of users.

Class 4 - Professional training through the introductory course and specialization

Class 4, directly associated with class 3 consists of 27 UCEs, concentrates 20.77 % of the

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Permanent nursing education... classified UCEs, extracted predominantly from interviews 15, 27 and 30. Thus grouped the words according to figure 1.

It was observed that the research subjects showed that the introductory course it is essential for nurses who work in the Family Health Strategy, explaining that prior knowledge of national health policies and programs implemented in routine strategy favors the improvement of activities for this professional and proposed subsidy for the continued development of permanent education actions. It is what can be observed in the following UCEs:

I did the introductory training of the FHP; this course improves the handling with the patients; the relationship between the members of the team; increases technical and scientific confidence (...) The introductory course was of extreme relevance for my actions in this area, as it has increased its new knowledge, giving subsidies to work permanent education in nursing at FHS (...) We had many orientations on how to work with permanent education (...) I did the introductory training when I started to work in the family health program and during all these years there have been several other skills, they gave me subsidies to work with permanent education in nursing (...)

According the expressions in the ECUs, the nurses consider that the introductory course of the FHP and the specializations, contribute in a relevant manner to their activities in the Family Health Strategy. Thus, enabling the professional acting in a generic and secure in decision-making since the acquisition of allowances was derived from courses taught in intensive system and with extensive workloads, however, corroborates

Araújo RRM, Moura MEB, Nunes BMVT *et al.* positively to the implementation of the permanent education in the Family Health Strategy, and consequently, for the improvement of nursing care.

Among the professionals who make up the team of the Family Health Strategy the nurse in positions on condition of “Manager of Actions” which makes it the most requested professional for health management, by his knowledge acquired from trainings, as well as by their experience with the users in the community.¹⁷

The courses and training even subsidize, the nurse of the Family Health Strategy, knowledge mediator before the conflict situations, since the work in healthcare does not always remain harmonious, for diverse reasons of interests and goals of those involved, be team of the professionals, managers or users. Therefore, the manager intervenes through dialogue to thereby fully perform the work and minimize increasing conflicts.¹⁸

Emphasizing on the above, the conflict situations should be considered and taken for reflection, since it always takes the positive side of situations; we learn in everyday life and thus improve our faults and weaknesses. Regarding primary care, the experiences like these lead to the growth of the team and improve care.

The actions to be performed by the team in primary care run by a critical-reflective look of their practice. Such a diagnosis contributes to the successes of the team in the planning of actions based on community needs. Knowing the actors involved and their weaknesses favors the transformation of reality for the team as well as managers, political groups and users.¹⁷

CONCLUSION

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The study allowed us to analyze the permanent education process of Nurses in the Family Health Strategy and its relationship with the quality of the care provided.

The nurses recognize the importance of the Permanent Education process in the Family Health Strategy, by being required for their professional growth and technical individual and team improvement. Is inserted into the continuing qualification process, it can generate a positive impact on the quality of healthcare in this level of care.

The process of Permanent Education of Nurses in the Family Health Strategy depends on the Permanent Education Policy adopted in the municipality, with the training of nurses performed by means of introductory courses, graduate-level specializations, or even guidelines made in daily work, to change individual behaviors and attitudes with a view to changing the whole organization of healthcare services. Permanent education is based on meaningful learning and in the possibility of transforming professional practices. This policy is what determines the quality of the services rendered and consequently the resolution of health problems of the population in primary health care.

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