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## Educação permanente no cotidiano das equipes de saúde da família: utopia, intenção ou realidade?

Permanent education in everyday of family health teams: utopia, intention or reality?

Educación permanente en la vida diaria de los equipos de salud de la familia: utopia, la intención o la realidad?

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### ABSTRACT

**Objective:** To discuss the meanings of Permanent Education in Health in the work of the Family Health teams in Senhor do Bonfim/BA, and its articulation theory vs. practice. **Method:** Qualitative research of critical reflective approach, semi-structured interviews, and systematic observations of the work of 11 workers of Primary Care and 5 managers of the local municipality's Department of Health were held. To analyze the data, we used the content analysis technique. **Results:** The results show a conflict between the theory and practice of Permanent Education, in which converge concepts and practices that are close to the continuing education and health education. **Conclusion:** The surveyed primary care staff were confused or unaware of the concept and of the development of the practice of Continuing Education.

**Descriptors:** Permanent Education; Family Health Strategy; Health System.

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## RESUMO

**Objetivo:** Discutir os sentidos e significados da Educação Permanente em Saúde no trabalho das equipes de Saúde da Família em Senhor do Bonfim/BA e sua articulação teoria versus prática. **Método:** Pesquisa qualitativa de abordagem crítico reflexiva. Foram realizadas entrevistas semiestruturadas e observações sistemáticas da prática de 11 trabalhadores da Atenção Básica e cinco gestores da Secretaria Municipal de Saúde do município. Para analisar os dados, recorreu-se à Técnica de Análise de Conteúdo. **Resultados:** Os resultados evidenciam um conflito entre a teoria e prática da Educação Permanente, em que se confluem conceitos e práticas que se aproximam da educação continuada e educação em saúde. **Conclusão:** Os pesquisados da atenção básica confundiram ou desconheciam o conceito e desenvolvimento da prática de Educação Permanente. **Descritores:** Educação Permanente; Estratégia Saúde da Família; Sistema Único de Saúde.

## RESUMEN

**Objetivo:** Analizar los significados de Educación Permanente en Salud en el trabajo de los equipos de Salud de la Familia en Senhor do Bonfim/BA y la articulación de la práctica X la teoría. **Método:** La investigación cualitativa de enfoque crítico reflexivo. Se realizaron entrevistas semiestruturadas y observaciones sistemáticas de la labor de 11 trabajadores de la Atención Primaria y 5 directores de Departamento de Salud de la municipalidad local. Para analizar los datos, se utilizó la técnica de análisis de contenido. **Resultados:** Los resultados muestran un conflicto entre la teoría y la práctica de la Educación Permanente, en el que convergen los conceptos y prácticas que son cerca de la educación y la salud la educación continua. **Conclusión:** El equipo de la atención primaria hay confundido o desconocen el concepto y desarrollo de la práctica de la Educación Continua. **Descriptor:** Educación Permanente; de la Estrategia Salud de la Familia; del Sistema de Salud.

## INTRODUCTION

Permanent Education is a proposal for an intervention that is based on the education perspective, allowing the construction of collective spaces involved in the reflection and evaluation of actions produced during the team's work process.<sup>1</sup> It demands tools that seek for critical reflection on the service practices, being in itself an educational practice applied to work that enables changes in relationships, work processes, the behaviors, the attitudes, the professionals and even in the team.<sup>2</sup>

Therefore, it arises as a professional and attention qualification strategy, it is displayed as "learning at work, where learning and teaching are incorporated into the daily life of organizations and of the workplace".<sup>3</sup> It suggests topics to be addressed emerging from the work requirements in a sense that it helps with the professional practice, and, being this, an educational process, the permanent education in health, puts the everyday health work, it means the actions produced daily, as an object of reflection and evaluation.

The PEH also contributes to the transformation of the training process, the organization of care and the coordination of services, the management and the institutions. In this

context, the relation of health services and educational institutions becomes even more relevant. Therefore, the approximation of these assistance professionals with the academia tends to awaken the search for knowledge and improvement of professional qualities.<sup>4</sup>

The National Policy of Permanent Education in Health (PEH) released by the Ministry of Health, through Decree 198, in February 2004, allows the identification of training and development of health workers needs and building strategies and processes that qualify attention and health management, strengthening the social control in order to produce a positive impact on individual and collective health of the population.

The Family Health Strategy (FHS) constitutes a proposal for a health primary care reorientation in Brazil, covering various public policies that seek to promote the health in communities by guaranteeing to citizens the rights of access, equal and integral to health services, according to the Federal Constitution of 1988. Through this perspective, health care proposal is a strategy of intervention of the Ministry of Health at a Community level, made possible by the existence of a team working on a delimited territory developing health promotion activities, which include the education of workers and of the community itself.<sup>5</sup>

For this, it is necessary that the FHS professional has the profile and the adequate knowledge to their assignments. In addition, it is necessary that these professionals seek to improve and upgrade themselves to the proper functioning of the labor process and that their actions are aimed at the fulfillment of the Permanent Education in Health.

Thus, this study aims to discuss the meanings of Permanent Education in Health in the work of Family Health teams at Senhor do Bonfim/BA, regarding its articulation of theory vs. practice.

## METHODS

This is a critical-analytical study of qualitative approach. The survey was conducted in the city of Senhor do Bonfim at Bahia, located in the northern region of Bahia, held in the period between the months of April and June 2014, it took place in four (4) Basic Health Units that have the Family Health Strategy program. The selection of health units occurred with the use of the following inclusion criteria: units deployed over the minimum of a year and the FHS must have the minimal health staff required complete; the exclusion criteria were all units under one year of implementation and not fully staffed. So for selection of health workers, it was taken into consideration the following criteria: a) the FHS staff with experience of over a year in Senhor do Bonfim/BA; b) FHS workers from both rural and urban areas; c) diversity of professional categories within FHS. The study participants were health professionals working in health centers and basic health units in the city of Senhor do Bonfim/BA. And as inclusion criteria were counted in professionals who

had one year experience in FHP, participants of a Family Health Unit with complete minimal staff, and professionals with at least 18 years of age; according to these conditions, eleven (11) workers and five (5) managers were selected, established by the criterion of saturation, which is defined by the researcher, when the contents of the interviews become repetitive, responding to the goal of the research.<sup>6</sup>

The collection instrument data were the following: a semi-structured interview, followed by a script containing questions about the perception of health professionals about the Permanent Education in Health: PEH concept, the experience of this in practice, its limits, difficulties and progress. The interviews were recorded and verbatim transcribed. For the analysis of the interviews it was used the thematic analysis of content.<sup>7</sup> Participants were identified by codes in order to maintain the confidentiality of their identity. To identify the workers, we used the letter T, and for managers the letter G was used. The study is in compliance with the criteria and procedures for data collection involving human subjects according to Resolution 466/2012. Data were collected only after approval by the Research Ethics Committee of the State University of Bahia (CEP/UNEB) under the CAAE number 02267312.4.0000.0057. All participants signed the Enlightened and Informed Consent Term (EICT).

## RESULTS AND DISCUSSION

### Characterization of participants

The resulting study data shows that, concerning the corresponding research participants, five workers have completed high school and 6 have a college degree. Among managers, 4 have the university degree followed by graduate school and only 1 manager with complete high school. The managers are specialized in family health, public health and worker health. Interviewees include an age range of 26 to 61 years old, with professional practice time between 3 and 22 years; on the subject of gender, females prevailed, with 14 of the 16 people interviewed. Participants were identified by the letter "T" for work and "G" for manager followed by the serial number of the sequence of the corresponding research participants.

### PEH: (in) consistency of Theory X Practice

Utopia can be an unreal, imaginary, but also an idealized thing which we want in the present or in the future.<sup>8</sup> Professionals experience a different practice of the concept of permanent education reported, a practice that does not exist.

According to resolution 2488, which deals with the National Policy of primary care, continuing education:

*"is grounded in a learning process that includes all from the acquisition/update of knowledge and skills up until the learning process which derives of the problems and challenges that take place in the labor process, involving practices that can be defined by multiple*

*factors (knowledge, values, power relations, planning and organization of work, etc.) and that take under consideration elements that make sense for the actors involved (meaningful learning)."*<sup>9</sup>

Thus, the understanding of the essential aspects of the PE is made necessary for the transformation of the labor process, guiding towards the improvement of the quality of health services and the quality of the actions of individuals.

This aspect observed in the statements below depicts a similar design to MS's:

*"[...] It is an articulate public policy between the need for learning and working needs when teaching and learning are built in the daily life of people and of health organizations, it allows reflection and critical analysis of projects and this facilitates search strategies for problem-solving." (T1)*

*"Permanent Education consists in gathering with all the team members to discuss positive and negative aspects, the situation of a patient present in that unit [...]" (T3)*

*"[...] It is the process of professional qualification through education, through the formulation of knowledge of professionals working in public health, but specifically in my case in primary care." (T11)*

It is noted that the cited workers have points of views close to the official concept of permanent education. T1 brings the PE as a public policy articulated between the need for learning and work, as the worker 3 sees it as a meeting with all employees in order to discuss the positives and negatives aspects of the BHU and the employee 11 conceptualizes it as a professional qualification process through knowledge formulation. Therefore, a consensus of the concept of EP is noticed.

Conceptions reveal that the concept of PE is associated with classes, capacitation and training, in order to promote changes. However, we must not forget that change is determined by the implementation of the PEH in the work practice. Due to the fact that PEH is a process, not a finite capacitation, thus the formation of a facilitator should not be seen as another professional class.<sup>10</sup>

Another important assumption of permanent education is the planning/progressive educational programming, in which, from the collective analysis of work processes, the various kinds of critical nodes, to be faced, in attention and/or management are identified, enabling the construction of contextualized strategies to promote dialogue between general policies and the uniqueness of places and people, promoting innovative experiences in care and management of health services.<sup>9</sup>

The permanent education processes requires of the services and sectors of education/training and permanent education in health services institutions to adopt a pedagogical problem-enquirer concept, in order to stimulate reflection on the practice and the construction of knowledge.<sup>11</sup>

Thus, it is evidenced in the following speech, that meetings are held with the FHS team for discussion and solution of common problems for a better resolution service. It is a management perspective.

*"[...] it is an educative teaching [...] always trying to improve this service, seeing where are the 'node', where are the failures, to always be seeking to improve this service, to be able to offer a quality service to the population." (G1)*

He pointed out that the concept of permanent education, brought by the previous professionals, is very close to the definition later defended by the MH. Accordingly, the learning process in the team work becomes evident for learning and teaching are incorporated into the daily work process.

Thus, the G1 interviewed presents a notion based on teaching and learning in the pursuit of service improvements and this is not different from the speeches of the workers. In line with the views of workers, the practice of permanent education is revealed in the following lines:

*"It doesn't, in fact, this PE project does not exist in our unit, and I believe that not only in ours. But it doesn't exist in the city [...]" (T1)*

*"In practice, unfortunately, we don't experience it because it is difficult for us to gather together the whole team, [...] we don't have PE." (T3)*

It is noticeable that while the workers T1 and T3 know the conception of permanent learning, in practice they do not know it and report it does not exist. But in T11's speech, the experience of health education is perceived:

*"[...] through waiting rooms and conversations that are geared to the community. These conversation circles happen outside the walls of the hospital [...] in schools, associations, church or the basic unit [...]" (T11)*

The health circle is a space for the construction of new subjectivities in which, through the invention of new logics and organizational structures, groups can acquire greater capacity of analysis of reality and of themselves, as well as greater capacity to intervene in this reality.<sup>12</sup> Thus, the circle of conversation is seen as a pedagogical doing, an exchange of knowledge among the participants involved.

The T11 reported a practice made up of health education in the form of circles of conversation directed

to the community. It mismatches the views of T1 and T3 interviewers who have reported its non-existence.

The work process is the generator of knowledge needs and demands for continuous education, which must have as reference the health needs of the users and of the population, of the management and of the social control in health.<sup>13</sup> It is the work process that contextualizes the permanent education with aspects related to management in health and nursing, which puts the need for skills and knowledge management, of the evaluation and work procedures considering the service culture, as well as the suitability of the environment for promotion of health, which is related to the following speech.

*"[...] as we get in charge of the worsening cases, [...] we try to keep in touch with the professionals who are in the unit to see if they have any difficulty [...] we work together [...]" (G1)*

Consequently, it is evident in the speeches of the workers and managers above that the practice of the PE is a utopia; they conceptualize permanent education, but do not experience it (Chart 1).

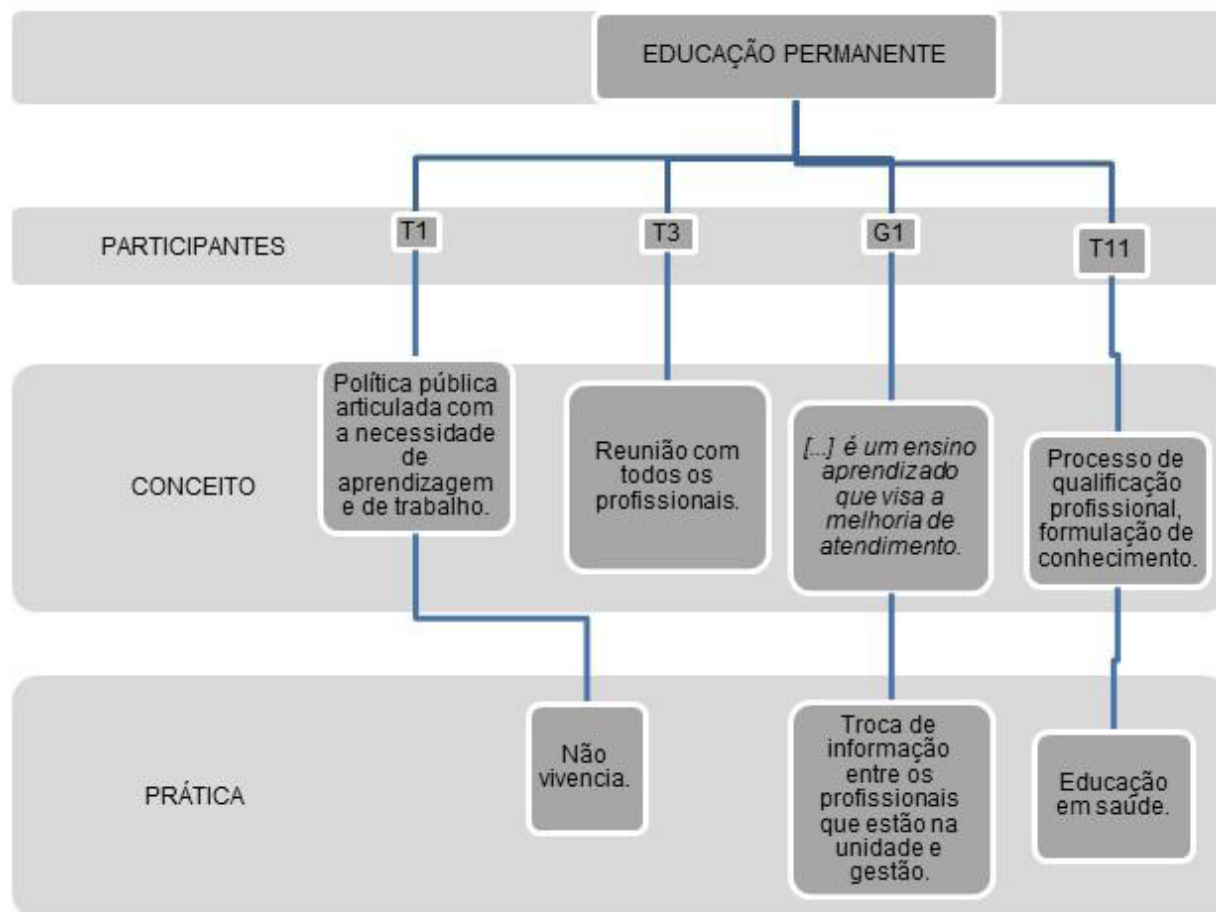


Figura 1: Fluxograma que ilustra a incoerência da teoria versus prática da EP.

### Permanent education as continuing education: and the practice of Health Education

The PE comes from the questioning of the process and of the quality of the work in health care services, from which are identified needs for better qualification.<sup>14</sup> The professionals interviewed from this municipality refer to divergent conceptions of Permanent Education in Health, approaching those of Continuing Education (CE).

Permanent Education (PE) is defined as a set of educational activities for updating the individual, which is giving the opportunity to develop itself as a professional as well as their effective participation in the day-to-day of the institution.<sup>15</sup>

The permanent education in the speech of workers is seen as continuing education, which aims to update professionals to qualify their practices.<sup>16</sup> One can perceive an indiscrimination of educational practices when they are named as Permanent Health Education by the interviewers.

*"[...] it is an education in the form of the service which we work on and we are apt to do the service where we are." (T6)*

*"It is an education that accompanies the person all its life, all the time the person must keep improving itself, to mature the education." (T7)*

*"PE is a continuing education, where people experience every day, or teaching or learning [...]" (T8)*

*"PE for me is that one that is always continuing, which has a continuous segment, [...] which is updating through knowledge, obtainment of information [...] to educate and to bring education again permanently [...]" (T9)*

It is noticeable that the "CE" prevailed in the statements of the respondents. At no time, the concept of PE has been translated into an official notion, being confused with CE in the discussions (Chart 2). Continuing education is included in educational activities with set times, with capacitation activities, training and recycling of knowledge directed to the practice of service.

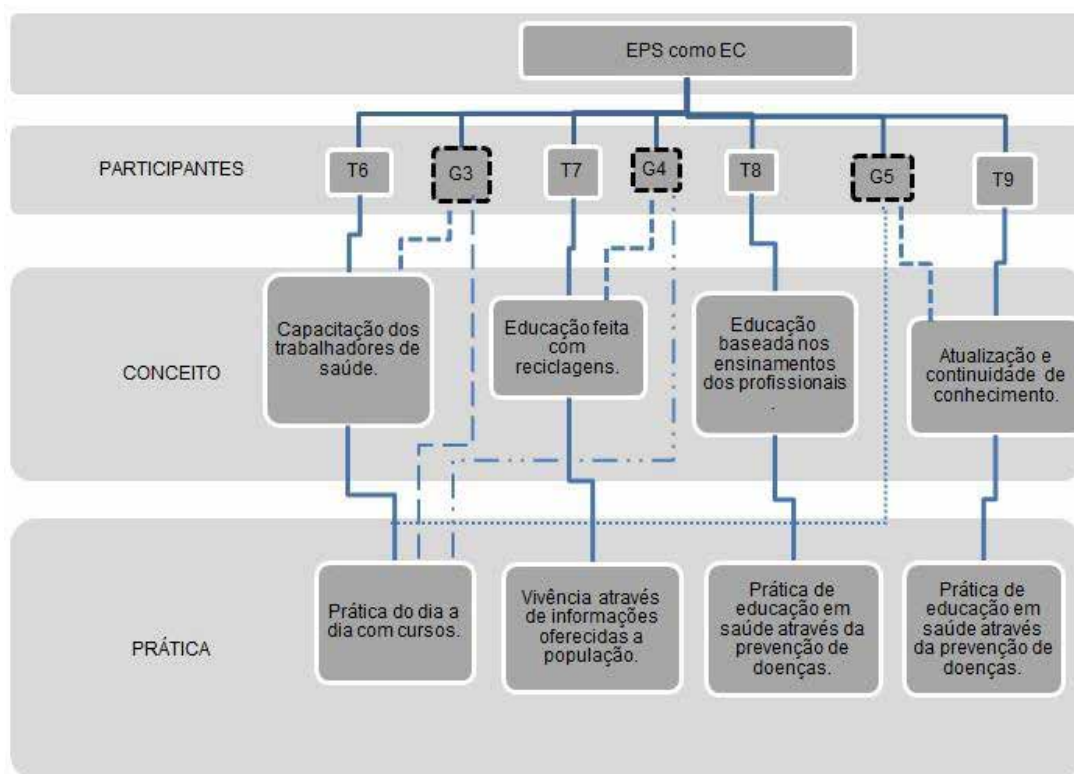


Figura 2: Fluxograma que ilustra a concepção de EP como EC e a prática de Educação em Saúde.¶

*"[...] in practice [...] we have continuing education, because every now and then we have some lectures [...]" (T6)*

*"[...] I experience attending patients every day in the basic unit, they appear with high blood pressure and talk to us and we say what is right, what is correct, what the person should do [...]" (T7)*

*"[...] information people, multipliers, the tip of the FHP team, that is how I see it, in matter of giving lectures, passing information to people about all diseases, to learn to prevent, and individually in the homes of the patients when we do home visits [...]" (T9)*

Thus, one can realize that T7 and T9 respondents conceptualized PE as CE and experienced the term as Health Education, but the worker (T6) experiences the practice of continuing education.

To clarify these concepts, we resumed the SUS trajectory: the continuing education model is characterized by updating and training of specific knowledges targeted to a particular professional category. Thus, the MH proposed the permanent education of health workers as a strategy for training of professionals, the transformation of their practices and therefore strengthening the SUS.<sup>17</sup>

Hence, the CE is focused on the concept of education as transmission of knowledge and appreciation of science as a source of knowledge; it is punctual, fragmented and constructed in a way that is not articulated with the management process and the social control, it focuses on professional categories and the technical and scientific knowledge of each area, with an emphasis on courses and training built on the diagnosis of individual needs, and puts itself in the perspective of transforming the organization in which the professional is inserted.<sup>13</sup>

In view of the CE, managers (G3 and G5) further understand and acknowledge the need for health professionals to be in constant updates/qualifications/learnings to fulfill the demands of services and health.

*"[...] PE for me is the continued development of the health professional after graduation in the exercise of their daily practice. One is being trained, constantly requalified so one can develop its actions [...]" (G3)*

*"[...] PE is that education that is always done...even for the professionals that already know it, but they always have to go through recycling classes and courses [...]" (G4)*

*“[...] it is to be always up to date it is to give continuity to the lessons, to the good practices, to the changes that always exist in the health area [...]” (G5)*

Thus, there is a CE stretched as an extension of the academic model, based on scientific expertise, with emphasis on training, lessons to tailor health professionals to work, in a way that the CE is not a space for reflection and critical thinking about care, but a reproduction of existing knowledge.

It is worth remembering that the PE proposal differs by being focused on the professional practice of students, suggesting a reflection on itself, evaluation and consequently improvement of the service through innovative teaching methodologies. Thus, the G3 and G5 respondents report a practice of continuing education according to the daily basis, based on trainings during the work process:

*“[...] Health professionals [...] to be constantly requalified [...] develop the skills.” (G3)*

*“[...] through classes that we do and are offered [...]” (G4)*

*“[...] as I am in management, I do the training for nurses, ACS, vaccinators, and so on [...]” (G5)*

### **Education in Health or Permanent? Who are we talking about?**

The Ministry of Health considers the Health Education (HE) as an important tool in the individual and collective sensibilization process orienting towards responsibility and rights to health.<sup>18</sup> It is a process inherent to all practices developed within the Unified Health System (SUS). Health education can and should be implemented in any environment as nursing wards, offices, classrooms, group therapy, health facilities, waiting rooms and other, provided that there is a purpose and a propitious environment.<sup>19</sup>

When asked about the definition of permanent health education, the respondents replied that its concept approached the one of health education, such responses were influenced by the day-to-day practice, a life marked by health promotion activities and disease prevention targeted at the population and its services.

*“[...] it is a work group and certain groups where they could get together periodically. And were given to these people clarification of their doubts and their longings [...]” (T2)*

*“For me, the PE is the work that we spread to our area, to our community: how to care, how to prevent, how to avoid sexually transmitted diseases for teens, it is a type*

*of permanent education, because you have to do this always [...]” (T5)*

The T2 participant conceptualizes health education as groups that offer clarification of doubts and anxieties of the population. T5 on the other hand talks about the supply of information to the community about care, disease prevention, information that aims to promote and directly approximate professionals and users, this is being experienced in their daily practices:

*“[...] [There is] always this issue of prevention and promotion.” (T2)*

*“[...] Making daily visits, we direct people, making a work of orientation for that patient [...]” (T5)*

Thus, “health education aims at professional development, providing the services of professionals more capable of working”, it means it is essential to the process of work, consisting of educational activities in the workplace to make the professional relate with what is being transmitted on their daily practice.<sup>20</sup> It is also experienced in the following manager’s speech when asked about the concept of permanent education, and he reported the concept of HE.

*“[...] Performance in primary care, promotion and prevention [...]” (G2)*

*“[...] Professionals working in the waiting room [...] professional members [...] all working based on prevention and health promotion.” (G3)*

Health education practices involve three segments: health professionals who value prevention and promotion as well as the healing practices; managers who support these professionals; and the people who need to build their knowledge and increase their autonomy in care, individual and collectively.<sup>21</sup> (Chart 3).



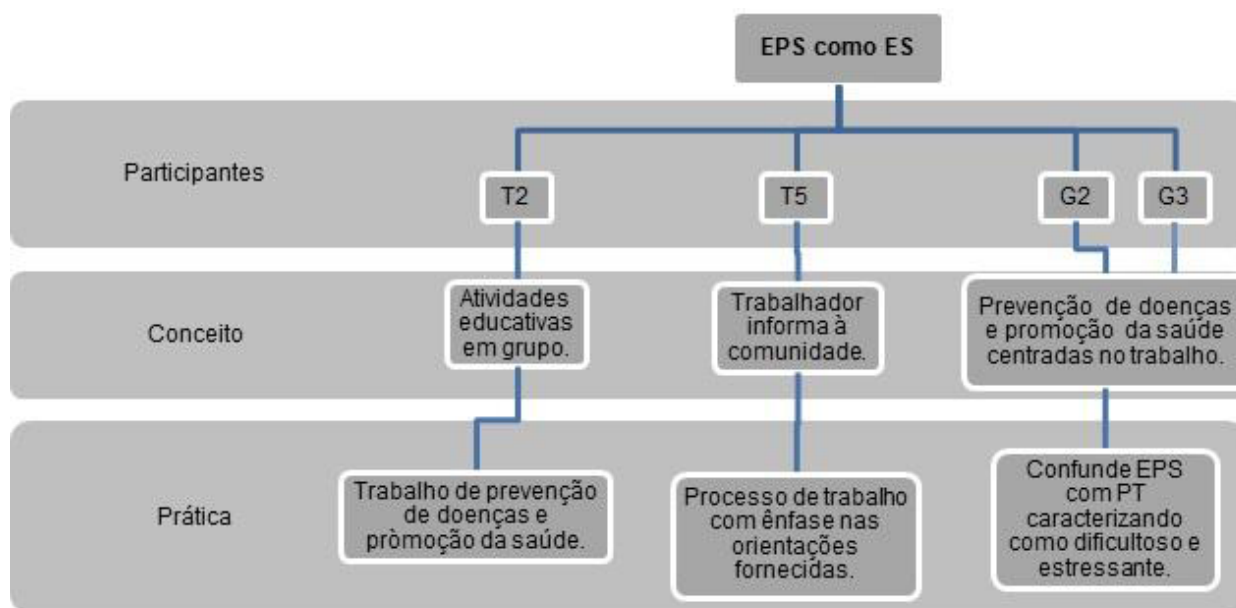


Figura 3: Fluxograma que ilustra a concepção de EP como Educação em Saúde.

### Permanent Education and the Work Process in health: Heteronym?

In Permanent Education in Health, the need for knowledge and the organization of educational demands are generated in the work process, pointing paths and providing clues to the formation process.<sup>22</sup> Thus, the work process (WP) in health:<sup>23</sup>

*“It is constituted by the work objects that result from technical and social cuts in reading health needs, which bear the actions of different professionals, mediated by material and non-material instruments. The same integrates the specific processes of each area that integrates the health field because each one constitutes, historically and socially, intervention objects, instruments - in particular, the knowledge -, agents and individual purposes.”<sup>23</sup>*

In this context, the education is geared towards the preparation of a certain function directed to health workers with emphases in courses, lectures, trainings inserted in the organization to which they belong. On the other hand, the experience of these professionals in the work process was perceived (Chart 4).

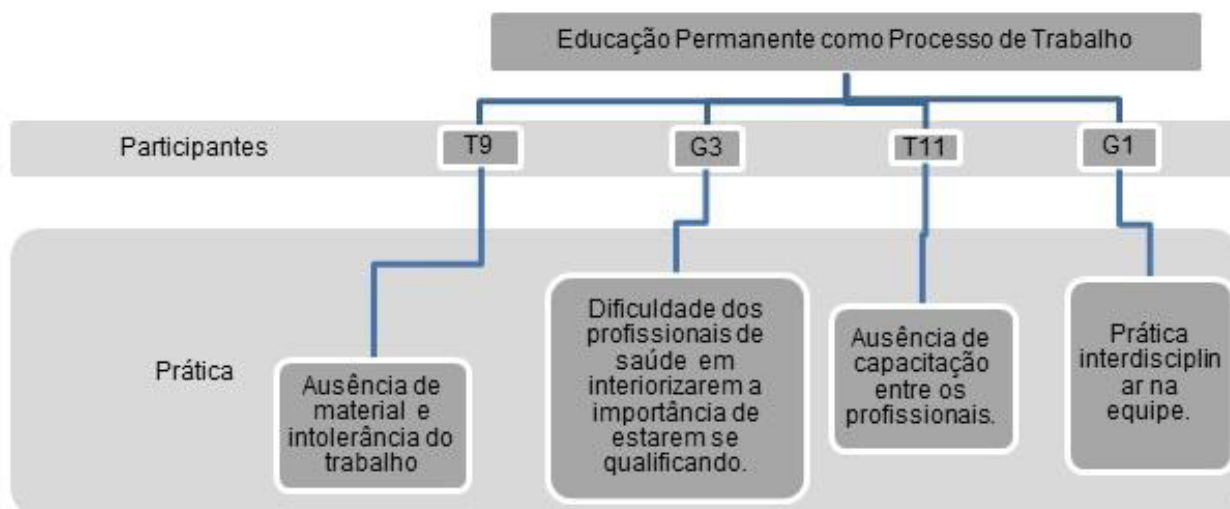


Figura 4: Fluxograma que ilustra a prática de EP como PT.

*“[...] as we are living a stressful time [...] of lack of material, we have to work with education, with awareness, with the matter of patience, with tolerance, it is this thing, straightens here and straightens there.” (T9)*

*“[...] [there are] some difficulty of health professionals to internalize this notion of being requalified [...] to develop this in locus, as they enable their workforce.” (G3)*

*“[...] we do not have a qualification, a simple training. And even in the unit is difficult to gather the group to be able to discuss cases and everything, there is always someone missing, there is always someone who cannot attend [...].” (T11)*

Similar requirements were found in a study<sup>24</sup>, one that stresses about the lack of transport, infrastructure and equipment as the main difficulties experienced by professionals in the Family Health Team (FHT).

But in the next line, there is a mismatch of information. What a worker mentions as a difficulty for a meeting for discussion, the manager does not see this problem.

*“[...] there is this constant connection within the entire staff unit to know if someone is having some difficulty, to pass on some information [...].” (G1)*

In the speeches, it is perceived a discussion regarding the WP, which is identified by the problems in work and interpersonal communication. The health work process is linked intrinsically to the health-disease process consistent with a particular mode of production; there is a process of social reproduction that is realized in a given social formation that articulates with the social structures and their relations.<sup>25</sup>

To understand the working process, this is defined as the transformation of a particular mean, through human intervention, and to do so, one employs instruments it. It means that the work is something that the human being does intentionally and consciously, in order to produce a product or service that has value for the species itself.<sup>26</sup>

Through previous speeches, when asked respondents what they would perceive by PE, and when they answered different concepts, such as the CE, HE. A weakness was perceived in the training of many professionals working in family health teams, and also the need to invest in PEH with the purpose to unite service and education

## CONCLUSION

The study has highlighted the practices of permanent education in health as tools for the construction of Primary Health Care because they allow reflections about the work process of the professionals involved in health education practices in collective spaces.

Through this discussion based on submitted statements, there are difficulties related to the implementation of PEH, such as formation and insufficient training, overload and no appreciation of the work, accompanied by feelings that leave the FHS workers in vulnerable situations that reflect in the care of the users.

In this way, the Permanent Education in Health is an invisible tool in the practices of the Family Health Strategy in the city of Senhor do Bonfim, Bahia, from a theoretical and practical point of view. It was observed that the managers and workers of primary care showed low appropriation of notions of PEH when they confused or did not know its concept and its practical development, mentioning it in their speeches as a synonym for continuing education and/or health education, or as the work process in the FHS itself. As a result, the PEH is seen in the practice of research participants as a proposal with different purposes, whether it is PEH, CE or HE concepts, in educational activities and in health actions daily basis.

In conclusion, the Permanent Health Education was configured as an utopia and sometimes intended to be a questioning strategy of health practices, taking in consideration the multi professionalism of the health workers engaged, in order to meet the health needs of the population and to allow the transformation of the practices of the workers' and/or the managers' involved in the Family Health Strategy. There is an urge for the transformation of this scenario into reality in the practices of the Family Health in order to reinvent the work, aiming at the change of the health care model and at the expansion of the deep-seated concept of the health-disease process and its practice by those involved in health care.

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