ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 10, Issue, 02, pp. 33760-33765, February, 2020

RESEARCH ARTICLE OPEN ACCESS

PERMANENT EDUCATION BY NURSES OF PRIMARY HEALTH CARE IN A BRAZILIAN CITY

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ARTICLE INFO

Article History:
Received 03rd November, 2019
Received in revised form
10th December, 2019
Accepted 11th January, 2020
Published online 27th February, 2020

Key Words:
Continuing Education; Capacity Building; Family Health Strategy; Nurses; Primary Health Care; Working Environment.

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ABSTRACT

Objective: identify the permanent education practices in health development by nurses of the Health Primary Attention. **Methods:** descriptive study of qualitative approach with 14 nurses, in May 2018, localized in Cajazeiras-PB, Brazil. The semi-structured interview was used for data collection and analyzed through the content analysis proposed by Lawrence Bardin. **Results:** good perception about the Permanent Education in Health has been identified and the actions are carried out through talk wheels. In addition, some intervening factors were identified, such as time, structure, users, relationship and interaction between the team. **Conclusion:** Permanent Education in Health is an important method for service improvement by the teams, which guarantees the quality of care performed.

Citation: ***Alêssa Cristina Meireles de Brito, Fabiana Ferraz Queiroga Freitas, Marcelo Costa Fernandes et al.*** **2020.** "Permanent education by nurses of primary health care in a brazilian city*", International Journal of Development Research*, 10, (02), 33760-33765.

INTRODUCTION

Permanent education is the main learning precept in the work environment, where knowledge and teaching go hand to hand in the daily service, enabling the professional practices transformation, starting from the collective presupposition and meaningful learning (BRAZIL, 2014). In this way, it can be seen and understood as a pillar in the professional career, an action proposal that provides opportunities for improvement from the individual search. In the nursing scenario, we have the Permanent Health Education (PHE)instituted by the Brazilian normative ordinance no. 198/2004, whose objective is to establish a teaching-learning network in the Unified Health System (UHS; SUS, in Portuguese), based on the professional and population needs (STEYER; CADONÁ; WEIGELT, 2018), in order to be problematized in the nursing care practices context, based on the reality of the work environment and the social scenario (SANTOS; COUTINHO, 2015).

In this sense, the nurse as a team leader becomes responsible for identifying and analyzing problems in their workspace, reflecting on the failures and seeking alternatives to alleviate them, and can also be seen as the motivational key for the team, in perspective of stimulating the search for PHE (PUGGINA *et al*., 2016). Thus, PHE is considered a new method of teaching-learning and improvements promotion, regarding social management and control, with the professional as an essential element in the work process (SANTOS; COUTINHO, 2015). Consequently, teamwork is an indispensable tool for PHE actions to be carried out, since collective work favors reaching the final purpose. In nursing care practice, it is possible to relate this to the routine activities in which professionals are accustomed to develop in their daily work. Given this, permanent education, through reality problematization, becomes quite relevant as habits breaking, especially those considered negative, given the benefits view it can bring to the professionals, by contributing to their improvement, as well as work quality improvement. In this context, this study aimed to identify the practices of permanent education in health developed by nurses of Primary Health Care.

MATERIALS AND METHODS

Qualitative descriptive study conducted at the Basic Health Units *(Unidades Básicas de Saúde - UBS)* of Cajazeiras' city, located in the Paraiba state, Brazil. It has a total of 23 BHU in rural and urban level, and the population of this study was 23 nurses that compose the teams. The sample was formed by theoretical saturation, defined through a determining factors reflection (SAUNDERS *et al*., 2018), such as what is expected of the interviewees, ease of access to them and the interviews number will be repeated. The saturation point arose when the interviews reached a pattern state and no new information emerged that could bring additional knowledge to the study (FLICK, 2015). Therefore, 14 nurses composed the study sample, with collection done in May, 2018. As inclusion criterion, professionals working for at least six months in Cajazeiras BHU were chosen, considering a minimum period of professionals daily work adaptation, excluding the professionals in medical/maternity leave or period of vacation. For data collection, a semi-structured interview script was used with questions about PHE, methods used during PHE actions, strategies for promoting teamwork, as well as facilities and difficulties to perform these actions.

The interview was started after reading the Free Informed Term of Consent (FITC) and obtaining the participant consent. For better speeches interpretation and to preserve the professional's time, an mp3 recorder was used. Data analysis was performed using the Content Analysis technique proposed by Lawrence Bardin, whose objective is to analyze the experiences of a subject, as well as their perceptions about a certain theme (BARDIN, 2016). The collected data were transcribed *ipsi literis* and had their characteristics compared to each other and their relationship with the studied context for further discussion according to the pertinent literature, following three phases: pre-analysis; material exploration and treatment of results; inference and interpretation. In order to study conduction, it was approved by the Research Ethics Committee of the Federal University of Campina Grande (UFCG), Cajazeiras campus on April 19, 2018, obeying all legal procedures and respecting Resolution no. 466/2012 of the Brazilian National Health Council (NHC), which provides guidelines and regulatory norms for research involving human beings. Participants were informed about the study objectives and signed the informed consent form, ensuring data confidentiality and anonymity. To maintain anonymity and preserve the participants' identity, they were identified by the letter N, followed by sequential numbers corresponding to the interviews order.

RESULTS

The categories and subcategories from the data collected during the study are presented below. Considering data saturation, the most relevant statements of the 14 participants will be exposed, following the methodological framework described previously.

Category 1 - The perception about the Permanent Health Education

This category emerged from the participants' perception of the PHE meaning, emerged two subcategories: 1) Permanent Health Education as a constant update and 2) Uncertainty about the meaning of Permanent Health Education.

Subcategory 1 - Permanent Health Education as constant update

In this subcategory, the PHE vision was identified in the main participants speeches as a constant form of updating through training and sharing of knowledge acquired among the team.
"It is when you search for update mechanisms or theoretical support to better qualify your work [...] is that you give knowledge to the professional [team]... more support to do the work effectively and with quality [...] and not only to provide, but also to acquire knowledge [from them]". (N1)

"(...) is a constant professional update... and the transfer of this knowledge to my team..." (N12)

"It is education form where through the problems inserted in a certain place, you seek to minimize them through meetings, talk wheels, lectures, conversations between the team or even among the users (clients) of that team". (N14)

In general, the term *knowledge transfer* was very present in the discourses, referring to the traditional teaching model, however, a break was seen when the professionals mentioned the need to improve the service quality, to minimize the problems detected in the work environment through interactions between the team, thus also allowing the exchange of knowledge.

Subcategory 2 - Uncertainty as to the meaning of Permanent Health Education

In this category, mistaken perceptions regarding the meaning of PHE were observed.

"It's like a continuation what you saw in theory and put into practice... Through programs, actions and activities that promote health, through educational activities, capacities..." (N2)

"Permanent health education for me is when you are always providing community service every way... Offering lectures on health promotion [for example]". (N8)

A failure was identified in the speeches regarding the real PHE meaning, when professionals confused it with health education and/or continuing education, even though they presented a notion of what is PHE. Moreover, none of the speeches mentioned the teams or knowledge exchange that supposedly should occur among professionals from the needs identification of environment work, with emphasis only on actions aimed at the community, but not the team.

Category 2 - Participation in practices of Permanent Health Education

In this category, the objective was to recognize among the participants the need for PHE practices and two other subcategories emerged: *3) The offer of Permanent Health Education* and *4) The importance of the incentive by the management.*

Subcategory 3 - The offer of Permanent Health Education

The following statements refer to the offer of PHE in the service and by who is offered, which usually occurs by the municipal health department. Sometimes by the state government through online or semi-presential courses and/or by universities, through partnerships, with actions taken by students to the team or even by the nurses themselves in the face of the needs encountered.

"We've had some training courses, but... it's not as frequent as we'd like it to be". (N1)

"For me? Yes, yes. We always have trainings, talk wheels, updates... (...) The management organizes; they invite expert teachers in the area of their choice..." (N3)

"For me as a nurse in the health secretary. And [also] in partnerships with other institutions. And here in the unit who promotes is myself, right? The nurse as unit coordinator". (N12)

Many participants mentioned that PHE based actions are not offered as often as they would like, which highlights the recognition of the importance and practice necessity. However, when offered, practices occur according to the needs detected by management, responsible for choosing the topics to be addressed.

Subcategory 4 - The importance of management incentive

In this subcategory, the speeches presented showed PHE non-periodicity offer for the professionals that was associated with management incentive. When asked about activities offered, several participants answered that although actions are offered, these are directed to health ministry campaigns. "It goes according to time, like it is having an outbreak of some disease... An example, tuberculosis... So there was a tuberculosis nurses training ..." (N2)

"Some [thematic] we feel difficult, right? Things that are not worked like they should... Prenatal... We did not have any improvement course here [in the city], which would be nice". (N3)

There was a certain need for a higher training frequency, as well as new topics inclusion to be addressed in the PEH process, such as prenatal care, mentioned in N3, whose subject is very present in the PHC and requires a good attention to the professionals perform in their function with quality.

Category 3 - The nurse as a multiplier of Permanent Education practices in Primary Health Care

In this category, we analyzed the statements that refer to how nurses perform PHE practices. The majority reported taking actions through talk wheels and the Community Health Agents (CHA) were emphasized as the main participants in the actions, highlighting the importance of these workers being able to perform their functions, mainly due to the fact that they deal continuously and with greater population proximity. "Yes, we often pass it to the health agents, right? [It's] the public that we most transfer information because they deal directly with the community, so they have reliable information. Usually, it is in a talk wheel and we also use the question of the problematizing methodology..." (N14)

It is important to note that although most participants reported using active methodologies, such as talk wheels, some also cited PHE practices implementation through lectures or summaries use, which resembles the traditional model of education and not permanent education.

"I get the material... Or, I do a summary, type and give it to them in a clearer way... so they can pass to the population..." (N9)

"In class form, I make a 'slide' and bring [to them]". (N10)
It was also observed that some professionals do not perform PHE actions frequently, and also an inaccurate view of how they should be performed.

"I did some actions as soon as I got here [started to work]... but then, I did not offer it directly to the professionals, only when I started". (N3)

"I inform them what the disease is and such, but it is different from a training that they should have as well, and not only the nurse, because the direct contact [with the population] are the health agents, so there should be more training to them, because for me… I can still handle it…" (N5)

At the same time that N3 admitted not to carry out PHE actions with the team, E5's speech evidenced uncertainty about the PHE actions meaning and how they should be developed.
In the discourse, it is understood that there is no reliable transmission or even practices offered to the team by the nurse as a multiplier of PHE actions, since in its conception this is a management's duty and not yours.

Category 4 – Factors intervening in Permanent Health Education practices

In the following speeches, it was demonstrated by the professionals the understanding about the importance of the PHE actions development directed to the team, although some do not realize them due to any difficulties that may arise. Therefore, two subcategories were established: *5) difficult elements* and *6) facilitating elements*.

Subcategory 5 - Difficult elements

When asked about the factors that make it difficult to perform PEH actions, most participants pointed to *structure, time, users* and *disinterest* as inhibiting factors.

"It's a lot of work, the routine is very complicated to find a moment to happen these updates. Because here... there are not a good structure, so for me to do, you can not have the doctor, the dentist (appointments)... you have to close the unit..." (N12)

"First the lack of team's interesting... [and] the health department with the permanent education... There are people who have no interest and others who do, but I think what is more difficult is the lack of incentive for us..." (N3)

"(...) then we go into the room [for meetings]... and people are knocking on the door, the users [...] 'they're just talking in a room instead of attending the people'. This is the view of the users". (N14)

Such situations end up discouraging professionals to develop actions with the team, although many demonstrate interest in realizing, even with the obstacles.

Subcategory 6 - Facilitating elements

The following are the main facilitating factors for the PHE actions implementation in the service: *interest* and *interaction between the team.*

Although only a few participants mentioned the interaction in the team as a facilitator for PHE actions development, the answers were mostly focused on the interest factor.

Although the disinterest has been reported by the nurses in the previous subcategory, it was noticed that not all the professionals of the team share this feeling.

"I consider the interaction between the team as a facilitator... I do because my team likes to work that way and gives me help. If I did not count on team's collaboration, I would not do [the actions]". (N1)

"I think what facilitates is the team's willingness, right? And also the good will of those who can promote and make it happen. Because if you do not want to do it, it will never work. And when you want to do it, it may be the minimum space, but you can do it". (N12)

I think what makes it easy is at ease, right? The team also has knowledge and the good will of who can promote and make it happen. Because if you don't want to do it, it will never work. And when we want to do it, it may be the minimum space, but you can do it. (N12)

The good interaction between the team constitutes an efficient instrument for carrying out PHE actions and consequently can trigger interest in the professionals and is therefore interconnected with it.

DISCUSSION

The PHE is one of the most pertinent ways to qualify the PHC workers, being a significant instrument in the improvement of the work process, besides contributing to the workers valorization and satisfaction (SEIDL *et al*., 2014). It is hoped that its implementation be carried out according to the UHS principles, committing itself to the problems resolution found in the workplace and health service specificities, and may be linked to the educational development actions aimed at improving the work process, whose daily life constitutes a source of knowledge that allows us to establish reflections on the needs found in each reality (MORA; RIZZOTTO, 2015; D'ÁVILA *et al*., 2014). It is noticed that there was a good participants' perception regarding the PEH meaning, showing an understanding about its development based on the needs found in each work scenario, in order to minimize them so that there is a better professional practice in accordance with their respective roles. However, it is very common to have uncertainty about the permanent education meaning, often confused with continuing education, since it aims to update professionals (BOMFIM *et al*., 2017), being possible to find the vague terms use, both described as educational practices, although distinct.

The study reveals that the notion about PEH is still intertwined with the continuing education model, strongly linked to the traditional education model, which contradicts what is advocated by the National Policy on Permanent Education in Health *(Política Nacional de Educação Permanente em Saúde – PNEPS)*(SILVA; FURTADO, 2015). Therefore, it is emphasized that the actions aimed at PHE should be developed in a problematized way, starting from several educational precepts, such as meaningful learning, valuing previous learning and experiences, leading to a more active role of the learner (SILVA *et al*., 2014). It is also important to clarify the PHE meaning in order to enable actions that involve not only the nurse, but also all health personnel. The interest in better qualification makes the professional increasingly able to develop actions and contribute to both his individual and team growth (KOERICH; ERDMANN, 2016). It is evident that even when there were PEH actions aimed at professional nurses, they showed an interest in seeking new knowledge, as a way to support the qualification of their work process. It is essential that EPS is understood by managers as an integral part of health work management, being carried out according to the problems identified in the daily life of health teams, in order to improve and generate changes in practices, relationships and work process among them (SILVA *et al*., 2014). However, the lack of institutional support and lack of interest are still factors that weaken the implementation of PEH (KOERICH; ERDMANN, 2016).

Thus, there was a failure regarding the management's incentive to offer EPS actions, the non-periodicity of offers and/or the diversification lack of relevant topics in the context of PHC. Among the team members, the CHA is a mediator between the population and the health service, and their attribution requires new competencies directed to health promotion, although this is still something that needs to be worked out with greater effort, considering that the qualification process of these workers is still unstructured (DOS REIS ALVES *et al*., 2014). Among the information exchange interventions, the conversation wheels give participants the freedom to interact and discuss a particular theme by creating dialogue opportunities, providing them with a greater ability to analyze the reality of the service and a greater ability to propose interventions (BOMFIM *et al*., 2017). Thereby, the use of classes or other materials that do not stimulate the interaction between the team contradicts the meaning of the PHE, considering that its development should occur in a more dynamic way and directed from a certain reality. And the nurse as team leader is responsible for promoting health strategies and practices, enabling different

ways of knowing and doing, through a better development of PEH practices based on needs, so that the team can exercise collective autonomy and learn through meaningful learning in everyday work (FLORES; OLIVEIRA; ZOCCHE, 2016). In general, it has become evident that most of the interviewed professionals seek to develop PEH through interactive actions among the team, through discussions provided by the talk wheels, thus demonstrating interest and solicitude in their accomplishment. As for the intervening factors, the BHU infrastructure deficiency is one of the factors that most influence the working conditions, which is often not properly performed due to this type of failure, limiting the teamwork (LOPES; SCHERER; COSTA, 2015) and inducing the professionals to adapt and perform their service in inadequate environments. The lack of time, the second factor identified, is an obstacle commonly known to hinder the professionals participation in the permanent education process (BERGGREN *et al*., 2016), considering that the nurse as coordinator of the service becomes responsible for performing both the care part as well the administrative part. Faced with this, the process of permanent education is often neglected due to the number of functions delegated to nurses, which ends up confining the PHE actions to the background (KOERICH; ERDMANN, 2016). The implementation of PHE actions with the team is made difficult by the administration of the service and the comprehensiveness of the various programs recommended in the PHC, since the team often needs to interrupt service for this, which leads to the third factor found: users.

It was identified in the speeches that users often do not understand the need for meetings or even team training, which ends up generating the wrong view of care refusal, something understandable considering that users procedure their time to look for the service needed at the moment. Therefore, it is suggested the bond relationship with the community to be strengthened, which may facilitate positive feedback on the part of the community, which will enable the establishment of a better interpersonal relationship. The bond is configured as a substantial tool to strengthen relationships in the Family Health Strategy (FHS), being a resource not only therapeutic between the professional-user relationship, but also to help the FHS, starting from the establishment of a close relationship between them (SANTOS; MIRANDA, 2016), and may also influence users' understanding of the development of PEH in the unit, when necessary. Disinterest, the last hindering factor, refers to both management and team. It was verified that there is no concrete support on the part of the management regarding the execution of PHE actions by the nurse, regarding the support for the protection of the professional if there is, for example, some misunderstanding on the part of the population. The professionals support by the management is fundamental importance, but it is perceived that it is lacking and the lack of managerial support, the work overload with the high demand of actions, as well as the non-valuation of educational actions, can become a demotivating factor for professionals (MENDONÇA *et al*., 2017). The disinterest in the team, it is verified that it is a common factor, although it prevails in minority. The lack of involvement of team and management, as well as PEH, ends up producing professional demotivation, which constitutes one of the most relevant barriers to causing dissatisfaction with the improvement of the work process and lack of enthusiasm for the development of actions of PEH (TJIN A TSOI *et al*., 2016).

Thus, the importance of communication and bonding also stands out among the health team, and a good relationship between professionals can favor the performance of EPS actions and, consequently, the improvement of the quality of work. Regarding the facilitating factors, the support of the team was emphasized, which not only constitutes a facilitating factor but also motivates the professional nurse, seen as a positive point regarding the development of PHE actions, considering that it ends up encouraging the nurse to develop them. The importance of interest and interaction between the team became evident in N1's speech, which explained that he/she would not develop actions if there was no team support, which reinforces the importance of the link and communication between the team. Working jointly at the FHS means developing partnerships between the different work processes of the team members, building on the knowledge and appreciation of the work of the other (PADULA; AGUILAR, 2014), promoting, through mutual respect, greater approximation among professionals and, consequently, greater willingness to participate in PEH actions.

Conclusion

The PEH is an important method for the improvement of the services carried out by the PHC teams, in order to exercise it based on the needs found in each work environment. It was noticed restrictions on the use of PHE, being predominated the education actions focused on the traditional teaching model, not having problematization with reality, fact that diverges from the concept of PHE. The study of this theme contributes to the knowledge of the PHE, allowing the identification of health care professionals in the face of repeated misconceptions, thus serving as a subsidy to avoid recurring failures. The PHE actions occurred mostly through talk wheels, team meetings and the good interaction among the participants as examples of methods used by nurses to promote teamwork as well as the improvement of the team. This study presented as a limitation the restricted number of participants involved, as well as the location of their development, which occurred only in a single Brazilian city and therefore can not consider their conclusions as generalized. Finally, it is expected that this study may allow reflections on the development of PHE in the context of PHC and that new studies can be developed from this topic, considering its relevance.

Aknowledgements

Special thanks to those who participated and collaborated in the process of developing this study and especially to the nursing professionals interviewed for having made available part of their time.

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