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EVALUATION OF THE PERMANENT EDUCATION POLICY BY PROFESSIONALS IN A CAPITAL IN SOUTHEAST BRAZIL

AVALIAÇÃO DA POLÍTICA DE EDUCAÇÃO PERMANENTE PELOS PROFISSIONAIS DE UMA CAPITAL NO SUDESTE DO BRASIL

EVALUACIÓN DE LA POLÍTICA DE EDUCACIÓN PERMANENTE POR PROFESIONALES DE UNA CAPITAL DEL SURESTE DE BRASIL

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ABSTRACT
Objective: Evaluate the implementation of the Permanent Health Education Policy (PHEP) in Primary Health Care (PHC), in the view of health professionals in a capital in southeastern Brazil, with an emphasis on the structure and process of action. **Methods**: Evaluative research, through a questionnaire. A simple descriptive analysis of the data was performed and later applied to the Analysis and Judgment Matrix elaborated. **Results**: 455 professionals participated. As for the structure, the availability of resources for the actions, professional integration and the participation of a teaching institution in health training were considered insufficient. As for the action process, it was verified the participation of professionals in the actions, change in professional practice and training to work. **Conclusion**: The degree of implementation of the PHEP was evaluated as satisfactory and recommendations were drawn up aiming at the qualification of health services in the municipality.
Descriptors: Permanent education; Health personnel; Primary health care; Health policies.

RESUMO
Objetivo: Avaliar a implementação da Política de Educação Permanente em Saúde (PEPS) na Atenção Primária à Saúde, na visão dos profissionais de saúde de uma capital do sudeste do Brasil com ênfase na estrutura e no processo de ação. **Métodos**: Pesquisa avaliativa, por meio de questionário. A análise descritiva simples dos dados foi realizada e posteriormente aplicada na Matriz de Análise e Julgamento elaborada. **Resultados**: Participaram 455 profissionais. Quanto à estrutura foram considerados insuficientes a disponibilidade de recursos para as ações, a integração profissional e a participação de instituições de ensino na formação em saúde. Quanto ao processo de ação verificou-se a participação dos profissionais nas ações, a mudança da prática profissional e a capacitação para o serviço. **Conclusão**: O grau de implementação da PEPS foi avaliado como satisfatório e recomendações foram traçadas visando a qualificação dos serviços de saúde no município.
Descritores: Educação Permanente; Pessoal de saúde; Atenção Primária à saúde; Política de Saúde.

RESUMEN
Objetivo: Evaluar la implementación de la Política de Educación Permanente en Salud (PEPS) en la Atención Primaria de Salud (APS), en la visión de los profesionales de la salud en una capital del sureste de Brasil, con énfasis en la estructura y proceso de acción. **Métodos**: Investigación evaluativa, mediante cuestionario. Se realizó un análisis descriptivo simple de los datos y posteriormente se aplicó a la Matriz de Análisis y Juicio elaborado. **Resultados**: Participaron 455 profesionales. En cuanto a la estructura, se consideró insuficiente la disponibilidad de recursos para las acciones, la integración profesional y la participación de una institución docente en la formación en salud. En cuanto al proceso de actuación, se verificó la participación de los profesionales en las actuaciones, el cambio en la práctica profesional y la formación para el servicio. **Conclusión**: El grado de implementación del PEPS fue evaluado como satisfactorio y fueron elaboradas recomendaciones con el objetivo de la calificación de los servicios de salud en el municipio.
Descriptores: Educación Permanente; Personal sanitario; Primeros auxilios; Política de salud.

INTRODUCTION

The restructuring of the training model for health professionals in Brazil, with a view to strengthening the Unified Health System (SUS), entered the political agenda and assumed the status of public

policy in 2004, with the creation of the National Policy for Continuing Education in Health (PNEPS). This policy has as its structuring axis the category of work, a social space in which individual and collective practices are carried out, assuming the active participation of health professionals in their own learning process. It adopts the proposal of Continuing Education in Health (EPS) as a device capable of promoting collective reflection and offering instruments for the transformation of subjects and work.[1]

In the context of Primary Health Care (PHC), EPS practices are based on everyday issues and the work of teams in their services, enabling changes in the organization of work processes and the qualification of professionals.[2] Considering that the PNEPS will be influenced by the characteristics of each location, assuming its own identity in each region of the country, the debate on its structuring in a municipal setting allows for a greater understanding of how it affects the daily life of services and their local-regional reality.[3]

Knowledge production about EPS through evaluation practices becomes fundamental for the reorganization of work processes, which characterizes the relevance of this article. In this way, it is possible to make a situational diagnosis of EPS from the perspective of those who work in PHC through the evaluation of its implementation, assisting in the planning of actions, given the predominance of low capacity to formulate, program and, mainly, evaluate municipal health policies by municipal managers.[2]

Thus, it becomes important for the local implementation of the Permanent Health Education Policy (PEPS), to identify the actions developed through process evaluation mechanisms, as well as monitoring mechanisms, as cited in the study by Silva and Scherer[4], which make it possible to order or reorder each interinstitutional articulation in the training policy for the health area, with the capacity to forge new organizations and new realities.

Given these propositions and the possibility of improving EPS practices and strategies within the scope of PHC and expanding studies that propose to evaluate how the foundations of EPS are implemented in the health work process, still incipient, according to Dolny et al.[5], the objective of this study is to evaluate the implementation of PEPS in PHC, from the perspective of health professionals in the city of Vitória, Espírito Santo (ES), Brazil, with an emphasis on the components of structure and action process.

METHODS

This is an evaluative research of the case study type. The implementation of PEPS at the municipal level is understood as an intervention consisting of the components structure (resources), actors (health professionals) and action process (participation of health professionals in EPS activities in PHC), aiming to achieve the objectives intended by the policy.[6] The case study was chosen as the methodological strategy, as it focuses on the dynamics of interaction between the actors involved in the implementation of a given intervention.[6]

The municipality of Vitória, capital of the state of ES, was selected as a case study because it represents the municipal system with an organizational structure in the municipalization of PHC in this region.[7] Furthermore, the municipality has a Technical School for Professional Health Training (ETSUS Vitória), which allows for advancement in the qualification of health professionals and, consequently, in strengthening the SUS.[7]

A sample planning was carried out with the aid of the Epi Info Program (STATCALC, version 7.2) based on the number of professionals registered in 2018 in Family Health Teams (eSF) (doctors, nurses, nursing assistants, nursing technicians and community health agents), according to information from the National Registry of Health Establishments of the SUS Information Technology Department. When considering a 95% confidence level and a sampling error of 7.5%, the sample required for the eSF totaled 346 individuals. The Oral Health Team (eSB) sample consisted of all dentists, oral health assistants and oral health technicians in the municipality in 2018 (n=109), data provided by ETSUS Vitória. Thus, the total sample anticipated the participation of 455 professionals from the eSF and eSB of the municipality.

All 22 Family Health Units (USF) in the municipality were visited to collect data in an order defined by drawing lots. All professionals registered in the eSF and eSB in these USFs were invited to participate in the research, until the sample was reached. Health professionals with at least two years of service in their current position were included. Those who could not be located were excluded.

A self-administered questionnaire was used to collect data, prepared by the authors based on the scientific literature on EPS.[8,9] Five health professionals with practical and theoretical experience with EPS in USF participated in the pre-test of the instrument, to verify the response time and understanding of the text.

Soon after, a pilot study with a test sample of 36 professionals from the first three selected USFs assessed the comprehension of the text and the sensitivity of the responses. These questionnaires were not included in the final research sample. The pre-test and pilot study were carried out between April and June 2018. Subsequently, data collection was carried out between July and December 2018, in the 22 selected USFs.

The following analysis variables were defined: resources available for EPS (structural aspects) and; aspects related to the action process (participation in EPS actions, integration among professionals, change in professional practice and training to work in PHC after EPS implementation). These variables are explained in the Analysis and Judgment Matrix (AJM) developed to assess the degree of implementation of PEPS.

The collected data were tabulated and simple descriptive analysis was performed using the quantitative analysis software SPSS for Windows v. 21.0 (SPSS Inc, Chicago, United States). The results were applied to the MAJ of the PEPS, presented in the form of a visual diagram (Table 1).

The definition of the dimensions and subdimensions of an evaluation depends on accurate measurements, based on legitimate sources of information, the choice of criteria and the architecture that organizes the relationship between what is intended to be evaluated and the information to be collected.[6] To define the dimensions and subdimensions of MAJ analysis, we started from the understanding of Governance of Health Care Networks (RAS), arrangement institutional organizational structure that seeks to strengthen relations of cooperation and solidarity between those responsible, in order to obtain more satisfactory results for the region.[10]

In this aspect, Governance understood the capacity to implement PEPS and implies improving the interaction capable of articulating the interests of different actors that enables the achievement of the objectives of this policy. It was characterized in the MAJ by the dimensions and respective subdimensions: 1) Sustainability (Technical and Training) – which refer, respectively, to the availability of resources for EPS, the existence of integration among health professionals and; the existence of participation of Higher Education Institutions (HEIs) in the training of health professionals, covering aspects of structure; and 2) Technical quality (Professional performance) – refers to the participation of health professionals in the training processes and practices of EPS; the

training of professionals to work in PHC and; the change in professional practice after implementation of EPS, which includes aspects of the action process.

The analysis criteria and the score for each level of the classification and its respective standard in MAJ were developed by the authors in order to guide the analysis and make the assessment more robust and reliable. The degree of implementation of PEPS in PHC was adapted[11] in the proposed classification as incipient (≤25%); intermediate (26 to 50%); satisfactory (51 to 75%); and full (≥76%) (Table 2).

This research was approved by the Research Ethics Committee of the Sergio Arouca National School of Public Health (ENSP/FIOCRUZ) (opinion no. 2,464,885/2018). Consent was obtained from the institution participating in the research and all participants signed the Free and Informed Consent Form.

RESULTS

A total of 455 health professionals from the city of Vitória-ES participated in the study, 76% (346) from eSF and 24% (109) from eSB (Table 1).

Table 1- Absolute and relative frequencies of variables related to the structure and implementation process of PEPS in PHC, according to health professionals. Vitória-ES, 2018.

Variables#		n	%
1. Resources available at USF for EPS (n=445*)	Meeting room	378	84.9
	Stationery	271	60.9
	IT resources	258	58.0
	Internet	273	61.3
	Audiovisual resources	191	42.9
	Financial resources	15	3.4
	Qualified professionals to conduct EPS actions	245	55.1
2. Participation in some EPS action (n=455)		406	91.6
3. EPS actions carried out (n=437*)	Technical/professional training in the health sector	307	70.7
	Articulation/Organization of curricular internships at USF	119	29.3
	Medical and Multiprofessional Residency	34	8.4
	Specialization/Training Course	340	78.5
	Training/events	374	85.6
	Conversation circles	364	83.5
4. Location of EPS action (n=450*)	Family Health Unit	313	69.6
	Municipal Health Department	93	20.7
	State Department of Health	47	10.4
	Educational Institution	97	21.6
	ETSUS Vitoria	354	78.7
	Conversation circles	163	36.8
	Trainings/events	123	27.8

5. EPS actions carried out at USF (n=443*)	Team meetings	388	87.6
	Meetings with the community inside or outside the USF	170	38.4
6. Integration between professionals at the USF for the implementation of EPS (n=399*)		290	72.7
7. Integration of professionals for the implementation of EPS (n=414*)	Unit manager	141	34.1
	Unit coordinator	85	20.5
	Family Health Team	266	64.1
8. Change in professional practice after participation in EPS action (n=402*)		332	82.6
9. Change in professional practice (n=418*)	Improving practical skills	244	58.4
	Promoting integration between team professionals at USF	164	39.2
	Individual and collective improvement in the execution of services	235	56.2
	Increased decision-making power for problem-solving	155	37.1
	Reorganization and improvement of services in accordance with SUS principles	163	39.0
10. EPS actions train professionals to work in PHC (n=431*)		406	94.2

*Some variables do not total 455 individuals due to lack of information.
* In variables one, three, four, five, seven and nine, participants were able to select more than one response option. The frequencies described refer to the sum of the response options selected.
APS: Primary Health Care; EPS: Continuing Health Education; ETSUS Vitória: Technical School of Professional Health Training; SUS: Unified Health System; USF: Family Health Unit.

Source: The authors, 2021.

The results of the descriptive analysis were applied to the MAJ, following the score of each criterion (Table 1). Regarding the structure, in the Sustainability dimension, analyzed by the availability of resources in the USF for the EPS, of the 445 valid respondents, 81.3% (362) indicated that there were two or more resources, considered as insufficient.

Regarding the action process, in the Technical subdimension, of the 339 respondents, 72.7% (290) stated that there was some integration between USF professionals for carrying out EPS, obtaining the score of almost never. Regarding the Training subdimension, 21.6% (97) indicated the HEI as the place where EPS is carried out, scored as there is never any participation of the HEI in health training and qualification (Table 1).

In the Technical Quality dimension, the participation of health professionals in training processes and EPS practices was found to be adequate: of the valid total of

443, 91.6% (406) indicated that they had already participated in some action and 58.9% (261) carried out two or more EPS practices at the USF. It was also found that sometimes EPS practices qualify professionals to work in PHC and generate changes in professional practice (Table 1).

The score obtained for each of the six criteria evaluated in the Sustainability and Technical Quality dimensions is described in Table 2. Considering the implementation parameters and the sum of the scores achieved, the degree of implementation of PEPS in PHC in the view of health professionals in Vitória-ES was classified as satisfactory.

Table 1- Analysis and Judgment Matrix of PEPS in PHC, from the perspective of health professionals.

Dimension	Subdimension	Criteria	Variable	Sources of information	Classification	Score for each level of the classification	Standard
Sustainability	**Technique**	Availability of resources (physical, material, financial or human) in the USF for EPS actions	Existence of infrastructure in the USF for EPS actions	Questionnaire	4. Enough 3. Not enough 2. Insufficient 1. Very insufficient	4. 76-100% (445) of respondents* stated that there were 2 or more resources 3. 51-75% (334) of respondents* stated that there were 2 or more resources 2. 26-50% (222) of respondents* stated that there were 2 or more resources 1. 0-25% (111) of respondents* stated that there were 2 or more resources *Of the valid total of 445.	Enough
		Integration between professionals in USF	Existence of integration between professionals in the USF for EPS practices		4. Always have 3. Sometimes it has 2. Almost never has 1. Never has	4. 76-100% (399) of respondents* stated that there was integration 3. 51-75% (299) of respondents* stated that there was integration 2. 26-50% (199) respondents* stated that there was integration 1. 0-25% (99) of respondents* stated that there was integration *Of the valid total of 399.	Always
	Training	Training/qualification in health by HEIs	Existence of direct participation of public/private HEIs in health training/qualification		4. Always participate 3. Sometimes they participate 2. They almost never participate 1. They never participate	4. 76-100% (450) of respondents* indicated some HEI 3. 51-75% (337) of respondents* indicated some HEI 2. 26-50% (225) of respondents* indicated some HEI 1. 0-25% (112) of respondents* indicated some HEI *Of the valid total of 450.	Always

Technical quality	**Professional Performance**	Health professionals in training processes and EPS practices	Percentage of USF health professionals who participate in training processes and EPS practices in the workplace		4. Excellent 3. Suitable 2. Not very suitable 1. Inappropriate	4. 76-100% (443) of respondents* participated in at least two practices carried out at the USF 3. 51-75% (332) of respondents* participated in at least two practices carried out at the USF 2. 26-50% (221) of respondents* participated in at least two practices carried out at the USF 1. 0-25% (111) of respondents* participated in at least two practices carried out at the USF *Of the valid total of 443.	Excellent
		Qualifies for work in PHC	Training health professionals to work in PHC based on EPS		4. Always empower 3. Sometimes they empower 2. They almost never train 1. They never empower	4. 76-100% (431) of respondents*respondents stated that they empower 3. 51-75% (323) of respondents* said they trained 2. 26-50% (215) of respondents* said they trained 1. 0-25% (108) of respondents* said they trained *Of the valid total of 431.	Always
		Change in professional practice	Changes in practice are observed after participating in EPS actions		4. Always 3. Sometimes 2. Almost never 1. Never	4. 76-100% (402) of respondents* stated that there was 3. 51-75% (301) of respondents* stated that there was 2. 26-50% (201) of respondents* stated that there was 1. 0-25% (100) of respondents* stated that there was *Of the valid total of 402.	Always

APS: Primary Health Care; EPS: Continuing Health Education; IES: Higher Education Institution; USF: Family Health Unit.

Source: The authors, 2021.

Table 2- Degree of implementation of PEPS in PHC, from the perspective of health professionals, according to evaluation dimensions and subdimensions. Vitória-ES, 2018.

Dimension	Subdimension	Criteria/Indicators	Expected score	Score achieved
Sustainability	**Technique**	Availability of resources (physical, material, financial or human) in the USF for EPS actions	Sufficient = 4 points	Barely enough = 3 points
		Integration between professionals in USF	Always has = 4 points	Almost never has = 2 points
		Health training/qualification by HEIs	Always participate = 4 points	Never participate = 1 point
Technical quality	Professional performance	Health professionals in training processes and EPS practices	Excellent = 4 points	Suitable = 3 points
		Qualifies for work in PHC	Always empowers = 4 points	Sometimes empowers = 3 points
		Change in professional practice	Always = 4 points	Sometimes = 3 points
Total points according to Implementation Parameters			**24 points**	**15 points**

Incipient (≤25%)	**Intermediary (26 to 50%)**	**Satisfactory (51 to 75%)**	**Full (≥76%)**
Up to 6 points	Between 07 and 12 points	Between 13 and 18 points	Between 19 and 24 points

APS: Primary Health Care; EPS: Continuing Health Education; IES: Higher Education Institution; USF: Family Health Unit.

Source: The authors, 2021.

DISCUSSION

The most widely accepted current in Brazil considers that EPS is based on the concept of education as transformation and learning centered on the valorization of work as a source of knowledge.[12] It thus acts as an instrument that enables critical analysis and the creation of knowledge about the local reality, which needs to be considered and adapted to health situations at a local level.

Regarding structural aspects, the results of this research show insufficient financial resources, similarly to a study in which health professionals from Goiás[11] reported shortages and obstacles in the release of financial resources and doubts about their management, which makes it difficult to implement the PNEPS.[14,15]

Regarding the action process, also cited by Barcellos et al.[13], there is integration between health professionals in health work practices and processes. In this context, the teamwork is necessary and occurs through the application of the technical-scientific knowledge of each professional and the search for alignment between team members and between them and users, both in decision-making and in the construction of common objectives for care, made possible through EPS. Despite this understanding, it is noted that in practice this integration is still a challenge, requiring invest in bonds and interpersonal relationships[13] also for EPS actions, as observed in this study.

The difficulty in understanding what EPS is influences its application in services by health professionals, which makes it difficult to implement.[17] Sometimes, EPS is understood as a set of specific actions that aim to recycle individuals' knowledge about new procedures, such as training and events, as observed in this and other studies with managers and health professionals.[17,18] These actions are insufficient to meet the demands necessary to advance the implementation of the SUS. Therefore, it is necessary to change the culture of not valuing EPS actions in APSor even understanding its real meaning.[16]

In this sense, the teaching-service articulation in the SUS is fundamental for the implementation of EPS, the valorization of its practices and the understanding of its concept, capable of prioritizing the educational needs related to the reality of the service.[17] Furthermore, it enables the exchange of ideas and the formulation of opinions, strengthening the collective and collaborative construction.[18]

From this perspective, it is emphasized that institutions have responsibilities and potential to strengthen

the process of empowering actors in different insertion spaces and that institutional partnerships are essential to implement and implement EPS and improve health care.[17] However, in this study, the participation of HEIs in health training and qualification was considered fragile.

Still on the action process, explained in the MAJ by the Technical Quality dimension, the participation of health professionals in the training processes and in EPS practices at the USF was evaluated as adequate, considering participation in team meetings and with the community. Instituted collective spaces like these are relevant to produce knowledge, operating as a device to structure, establish guidelines and a space for decision-making, with strengthening of the autonomy and protagonism of the team[19], as observed in the opinion of health professionals and PHC managers of a city in São Paulo.[18]

SUS is considered a privileged place for the practice of educational processes in health, as it allows for productive encounters between professionals and users with a view to comprehensive care, co-responsibility and problem-solving.[17] It also provides the team with the opportunity to awaken a new way of acting and reflecting, resulting in improvements in the work process and in health care for the population.[19]

EPS initiatives provide tools that guide both PHC practice and changes in the organization of work processes and the qualification of professionals, according to health professionals from Belo Horizonte[20], aspects that were also observed in this study. It is therefore understood that EPS transforms the reality of work, driving improvements in the quality of care, since it is based on the experiences of professionals and the needs of the population.

It is important that health services and municipal managers see the qualification of professionals as an investment and encourage EPS practices, favoring the promotion and participation of PHC professionals in these actions.16In this sense, evaluative studies on the implementation of EPS practices in APS allow for a diagnosis of the local PEPS and assist in its planning and programming by municipal management, contributing to reorganizing work processes and qualifying professionals with a view to improving in the quality of health care for the population.

CONCLUSIONS

EPS practices in health services constitute the process of implementing PNEPS in local settings and have been

developed in PHC in Vitória-ES, with the degree of implementation of PEPS in the municipality being assessed as satisfactory by health professionals.

Regarding the structural aspects of the EPS, it is necessary to ensure the availability of resources, especially financial resources, which are considered insufficient for the implementation of the policy in the municipality. Despite this, the advancement of the EPS action process in the APS was important, with the participation of stakeholders in the actions, improvement and training for professional practice, which undoubtedly interfered in the degree of implementation achieved.

Based on the assessment carried out, some recommendations can be listed: prioritization and financial investment for the implementation of EPS in PHC; discussions that provide conceptual alignment of EPS; valorization of the practice of EPS in PHC by managers and health teams; and promotion of articulation and partnership between different actors, especially with HEIs.

The limitation of the study consists in conducting a more objective analysis of the implementation of PEPS in PHC, based on criteria and sources of information provided for in the MAJ developed. On the other hand, it followed theoretical rigor in the construction of the research instruments, allowing the identification of factors that influence the implementation of the policy, as well as making it possible to draw up recommendations for its implementation and qualification of health services in the municipality, in accordance with the PNEPS guidelines, in addition to being configured as an auxiliary management tool for the evaluation of the local-regional PEPS.

REFERENCES

1. Gonçalves CB, Pinto ICM, França T, Teixeira CF. A retomada do processo de implementação da Política Nacional de Educação Permanente em Saúde no Brasil. Saúde Debate [Internet]. 2019 [citado em 2 out 2024]; 43(N Esp 1):223-239. Disponível em: https://www.scielo.br/j/sdeb/a/5rXN9qmbtGqyp4W4Xtwnzxb/?format=pdf&lang=pt
2. Silva AL, Santos JS. A potencialidade da educação permanente em saúde na gestão da atenção básica em saúde. Saúde em Redes [Internet]. 2021 [citado em 2 out 2024]; 7(2):53-66. Disponível em: http://revista.redeunida.org.br/ojs/index.php/redeunida/article/view/3135/649
3. Castro FCAQ. Concepções de educação permanente em saúde difundidas por gestores [Internet]. [Dissertação]. Vitória, ES: Centro de Ciências da Saúde, Programa de Pós-Graduação em Saúde Coletiva, Universidade Federal do Espírito Santo; 2014 [citado em 2 out 2024]. 76 p. Disponível em: https://repositorio.ufes.br/server/api/core/bitstreams/ab9bf00e-2230-4f7e-a572-4eb578e2cbce/content

4. Silva CBG, Scherer MDA. A implementação da Política Nacional de Educação Permanente em Saúde na visão de atores que a constroem. Interface: comunicação, saúde, educação [Internet]. 2020 [citado em 2 out 2024]; 24:e190840. Disponível em: https://www.scielo.br/j/icse/a/wSmkML5zgMkhhS8WmRYsKpm/?format=pdf&lang=pt
5. Dolny LL, Lacerda JT, Nilson LG, Calvo MCM. Educação permanente em saúde (EPS) no processo de trabalho de equipes de saúde da família (ESF). Brazilian Journal of Health Review [Internet]. 2020 [citado em 2 out 2024]; 3(1):15-38. Disponível em: https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/5876/5273
6. Brousselle A, Champagne F, Contandriopoulos A, Hartz Z. Avaliação: conceitos e métodos. Rio de Janeiro: Fiocruz; 2011.
7. Secretaria Municipal de Saúde de Vitória. Plano Municipal de Saúde 2022-2025 [Internet]. Vitória, ES: Conselho Municipal de Saúde; 2022 [citado em 2 out 2024]. 83 p. Disponível em: https://www.vitoria.es.gov.br/download.php?tipo=1&id=3521
8. Ministério da Saúde (Brasil). Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? [Internet]. Brasília, DF: Ministério da Saúde; 2018 [citado em 11 maio 2019]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude_fortalecimento.pdf
9. Ministério da Saúde (Brasil). Relatório consolidado sobre o processo de implementação da Política Nacional de Educação Permanente em Saúde (PNEPS) [Internet]. Brasília, DF: Ministério da Saúde; 2018 [citado em 2 out 2024]. 46 p. Disponível em: https://www.udesc.br/arquivos/udesc/id_cpmenu/14871/Relat_rio_Consolidado_sobre_o_processo_de_implementa__o_da_PNEPS__DEGES___SGTES__MS_2018__15441090895348_1887_16424477602547_14871.pdf
10. Casanova AO, Cruz MM, Giovanella L, Alves GR, Cardoso GCP. A implementação de redes de atenção e os desafios da governança regional em saúde na Amazônia Legal: uma análise do Projeto Quali-SUS-Rede. Ciênc Saúde Colet. [Internet]. 2017 [citado em 10 maio 2019]; 22(4):1209-1224. Disponível em: http://www.scielo.br/pdf/csc/v22n4/1413-8123-csc-22-04-1209.pdf
11. Alves CKA, Natal S, Felisberto E, Samico I. Interpretação e análise das informações: o uso de matrizes, critérios, indicadores e padrões. In: Samico I, organizadores. Avaliação em saúde: bases conceituais e operacionais. Rio de Janeiro: MedBook; 2010. p. 89-108.
12. Ceccim RB. Educação permanente em saúde: descentralização e disseminação de capacidade pedagógica na saúde. Ciênc Saúde Colet. [Internet]. 2005 [citado em 2 out 2024]; 10(4):975-986. Disponível em: https://www.scielo.br/j/csc/a/cbxpHx6Lv8qgqvwtBsghwjD/?format=pdf&lang=pt
13. Barcellos RMS, Melo LM, Carneiro LA, Souza AC, Lima DM, Rassi LT. Educação permanente em saúde: práticas desenvolvidas nos municípios do estado de Goiás. Trab Educ Saúde [Internet]. 2021 [citado em 2 out 2024]; 18(2):e0026092. Disponível em: https://www.scielo.br/j/tes/a/hmhRyrgGSHFjybhjxjH3xjH/?format=pdf&lang=pt
14. Cavalcante EFO, Macêdo MLAF, Oliveira JSA, Martini JG, Backes VMS. Prática da educação permanente pela enfermagem nos serviços de saúde**.** Rev Enferm UFPE On Line [Internet]. 2013 [citado em 10 jun 2021]; 7(2):598-607. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10272/10907
15. Silva CBG, Scherer MDA. A implementação da Política Nacional de Educação Permanente em Saúde na visão de atores que a constroem. Interface: comunicação, saúde, educação [Internet]. 2020 [citado em 03 out 2021]; 24:e190840. Disponível em:

https://www.scielo.br/j/icse/a/wSmkML5zgMkhhS8WmRYsKpm/?format=pdf&lang=pt
16. Ferreira L, Barbosa JSA, Esposti CDD, Cruz MM. Educação permanente em saúde na atenção primária: uma revisão integrativa da literatura. Saúde Debate [Internet]. 2019 [citado em 3 out 2024]; 43(120):223-239. Disponível em: https://www.scielo.br/j/sdeb/a/3wP8JDq48kSXrFMZqGt8rNQ/?format=pdf&lang=pt
17. Miccas FL, Batista SHSS. Educação permanente em saúde: metassíntese. Rev Saúde Pública [Internet]. 2014 [citado em 20 jun 2020]; 48(1):170-185. Disponível em: http://www.scielo.br/pdf/rsp/v48n1/0034-8910-rsp-48-01-0170.pdf
18. Zinn GR. Educação permanente em saúde: de diretriz política a uma prática possível [Internet]. [Tese]. São Paulo: Escola de Enfermagem, Universidade de São Paulo; 2015 [citado em 3 out 2024]. 148 p. Disponível em: https://teses.usp.br/teses/disponiveis/7/7140/tde-11052015-154630/publico/Tese_Gabriela_Zinn_Versao_Corrigida.pdf
19. Silva CEM. Educação permanente e suas interfaces com as condições sensíveis à atenção primária [Internet]. [Dissertação]. Juiz de Fora, MG: Programa de Pós-Graduação em Enfermagem, Universidade Federal de Juiz de Fora; 2016 [citado em 3 out 2024]. 102 p. Disponível em: https://repositorio.ufjf.br/jspui/bitstream/ufjf/3178/1/charleneestermachadosilva.pdf
20. Silva KL, Ribeiro HCTC, Pereira LD, Martins BR, Viana JA, Belga SMMF. Plano diretor de atenção primária como estratégia de educação permanente: perspectiva dos facilitadores. Rev Rene [Internet]. 2012 [citado em 7 out 2021]; 13(3):552-561. Disponível em: http://periodicos.ufc.br/rene/article/view/3977/3140

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