

**SOCIAL WORK AND PERMANENT HEALTH EDUCATION: THE POTENTIAL FOR  
INTEGRATION SERVICE-LEARNING****SERVIÇO SOCIAL E EDUCAÇÃO PERMANENTE EM SAÚDE: A POTENCIALIDADE PARA  
INTEGRAÇÃO ENSINO-SERVIÇO****TRABAJO SOCIAL Y EDUCACIÓN PERMANENTE EN SALUD: EL POTENCIAL DE  
APRENDIZAJE-SERVICIO**

Received: 10/03/2015  
Approved: 05/12/2015

**Fernanda de Oliveira Sarreta<sup>1</sup>**

**Fumie Eto<sup>2</sup>**

**Daiane Cristina dos Santos Brentini<sup>3</sup>**

**Danielle de Oliveira Nogueira<sup>4</sup>**

**Gabriela Cristina Braga Bisco<sup>5</sup>**

This article aims to provide reflection about permanent health education, strategy adopted in the health system of Brazil (SUS) for formation and health work. From the dialectical method contribution, the bibliographic study, the data collection in focus groups and observation in the field, try to understand the limits of coping and alternatives of the subjects in the contemporary scene - students of social work and health workers. The results show that the EPS is difficult to exercise, since it searches for the break with vertically integrated practices and the ethical and political commitment to public health, putting on reflection values and conceptions about the context where they bear public policy, the capitalist system. It is considered that the strategy enhances the teaching-service integration and the search for collective responses to problems.

**Descriptors:** Social Work; Health policy; Permanent health.

Este artigo tem como objetivo propiciar reflexão acerca da educação permanente em saúde (EPS), estratégia adotada no Sistema Único de Saúde para a formação e o trabalho em saúde. A partir da contribuição do método dialético, o estudo bibliográfico, a coleta de dados em grupo focal e a observação em campo, busca-se compreender o enfrentamento dos limites e as alternativas dos sujeitos no cenário contemporâneo - estudantes de serviço social e trabalhadores de saúde. Os resultados revelam que a EPS é de difícil exercício, já que busca a ruptura com práticas verticalizadas e o compromisso ético e político com a saúde pública, coloca em foco, os valores e concepções sobre o contexto onde se gestam as políticas públicas, o sistema capitalista. Considera-se que a estratégia potencializa a integração ensino-serviço e a busca de respostas coletivas aos problemas.

**Descritores:** Serviço Social; Política de saúde; Educação permanente.

Este artículo tiene como objetivo proporcionar reflexión acerca de la educación permanente, estrategia de salud adoptada por el sistema de salud brasileño (SUS) para la formación y el trabajo en salud. A partir de la contribución del método dialéctico, el estudio bibliográfico, la recopilación de datos en el grupo focal y la observación de campo, se procura entender los límites de afrontamiento y como alternativas a los sujetos en la escena contemporánea - estudiantes de servicio social y trabajadores de la salud. Los resultados muestran que la EPS es un ejercicio difícil, ya que la búsqueda por la ruptura con prácticas verticalizadas y el compromiso ético y político con la salud pública, coloca en foco los valores y concepciones sobre el contexto donde se generan las políticas públicas, el sistema capitalista. Si considera que la estrategia potencializa la integración enseñanza-servicio y la búsqueda de respuestas colectivas a los problemas.

**Descriptores:** Servicio Social; Política de salud; Educación Permanente.

<sup>1</sup>Social Worker. Master's Degree and P.hD in Social Work. Assistant Professor of Graduation and the Post Graduate Program in Social and Human Sciences Faculty - UNESP, Franca Campus/SP and leader of the Study and Research Group on Health, Quality of Life and Labor Relations - QUAUVISS.

<sup>2</sup>Social Worker. Bachelor of Law. Master's Degree and P.hD in Social Work. Professor of the Course of Social Work and Law of the University Center of Educational Guaxupé Foundation - UNIFEG / MG. Social Assistant, Technical Supervisor of Health Technical Section of the Faculty of Humanities and Social Sciences, UNESP, Franca Campus/SP. Member and Researcher of QUAUVISS.

<sup>3</sup>Graduate in Social Work and Monitoring Scholarship/UNESP. Member and Researcher of QUAUVISS.

<sup>4</sup>Social Worker. Master's Degree in Social Work. Social Worker of the Santa Casa de Franca/SP. Member and Researcher of QUAUVISS.

<sup>5</sup>Graduate in Social Work and Scholarship PIBIC/CNPq. Researcher and Member of QUAUVISS.

## INTRODUCTION

The interest in the subject of Permanent Healthcare Education (EPS), results from a trajectory of experiences, debates, studies and research, since its regulation as public policy for education and development of health workers. And, the concerns related to the effectiveness of the Unified Health System (SUS), through internships, of extension, the daily work in health units, motivating the search for answers to face the different manifestations of social inequalities, with a historical view to seizing the contradictory movement of public health policy. This is the intention of this study, recognizing that only investigates what is known and disturbs, Minayo<sup>1</sup> reflects, "that is, nothing can be intellectually a problem if primarily was not a problem of practical life."

Under the Social Services, the debate about the Policy of Permanent Health Education (EPS) is increasingly strengthened in the professional category, which recognizes this strategy as the result of a historical movement that reaffirms the responsibility of the State to organize the resources for human health<sup>2</sup>. The profession knows, above all, that is a transversal policy and covers all instances and actions of SUS, by placing the challenge of thinking about educational processes from the local and regional realities and the problems that prevent the integral health care.

The propositions of the Ethical-Political Project of Social Work are articulated to the Brazilian Health Reform Project, aiming to carry out the universalization of access to quality healthcare. These projects set out principles and guidelines for the construction of democratic relations, from the development perspective of autonomy and emancipation of the subjects and break with authoritarian, centralist and assistance practices. Thus, opposing to the neoliberalism defender project, which promotes the reduction of social rights, scrapping of public services, downsizing the State's role and reducing social policies<sup>3</sup>.

The role of the social worker in health based on the Ethical-Political Project must be

articulated to the Health Reform Project<sup>4</sup>. Therefore, it is in the reference of these projects that the profession can provide subsidies for user empowerment and its participation in health, expanding the possibilities of influence in decisions affecting these subjects.

Similarly, the attribution of the social worker in health reflected in Parameters for Acting in Health<sup>5</sup>, qualify the professional to act with competence in the different dimensions of a social issue in health policy. This instrument directs the professional practice for the construction of answers that increase the care of social needs and reaffirms the position for equity and social justice in health. Thus, to value the scientific activity through research, the social worker generates data related to people's living conditions, to the reproduction of social relations, and to the implementation of social policies. The experiences information developed and socialized may contribute to the production of more appropriate proposals to the social and health needs.

The investigative<sup>6</sup> dimension is established in the professional project as a central condition of education and theory relation and reality, asserting as a constituent part of professional practice. This dimension is crucial to face the current challenges, which must start from concrete reality situations, covering the historical, social, economic, cultural conditions, and the contradictions and conflicts of the everyday health, to unravel what is immediately and go beyond of what is apparent<sup>7</sup>.

This study lies in this direction, committed to the search for answers to the problems posed by the realization of universality, comprehensiveness and equity of health care.

Thus, this study aims to provide reflection about the permanent health education (EPS), a strategy adopted in the Unified Health System for education and work in health.

**METHOD**

This is a qualitative research. Opting for this type of research set to the possibility of unveiling this context that reproduces injustice, devalues what is public and judges as good what is offered by the market, to build the knowledge to help in facing these challenges.

The qualitative research contributes to recover the issue of human sociability, allowing thinking the city and region as a construction place, of belonging and reference of the subject<sup>8</sup>. The construction of collective practices passes, mainly, by the research question, i.e. to discuss the education of health workers requires analysis of the context in which it takes place.

With this investigative proposition the Group of Studies and Research in Health, Quality of Life and Labour Relations (QUAVISSS) UNESP Franca/SP, responsible for research, was characterized as a reference place in the debate on national health policy and development of SUS and its local, regional and national conformation. The Group is committed to the production of knowledge about the role of the social worker in health and the formulation of answers and alternatives acting in different dimensions of the social question. Aims to contribute to the theoretical and political debate guided by the Health Reform Project and Ethical-Political Project of Social Work, approaching the understanding of health as a human right the perspective of social totality<sup>9</sup>.

This investigation was approved by the Ethics Committee in Research of the Faculty of Humanities and Social Sciences of Franca - UNESP, under 623,182/2014 protocol, and had the support of the National Council for Scientific and Technological Development (CNPq), Process 406432/2012- 0.

The study was developed from 2013 to 2014, in the health network scenario of Franca/SP and its range area with 22 municipalities, through bibliographic research and data collection from the combination of techniques, i.e. the data triangulation with the use of focus groups

and participatory observation in the field, which allow the issue deepening<sup>10</sup>.

The choice of research subjects - students of social work of graduate or postgraduate and health workers considered the objectives, the theoretical assumptions and the movement of reality. The choice of the subjects had as criteria: participation in QUAVISSS Group for more than one (1) year, a frequency of 50% in activities and be inserted in health units as: students of social work (trainees and postgraduate researchers) and health workers (social workers, psychologists and service managers).

In social science qualitative research, data collection technique in the focus group has been recognized for the questioning of a particular topic<sup>11</sup>. And develops from a dialectical perspective, where the group has common goals and its participants seek to address them working as a team, which coincides with the option of choosing the QUAVISSS Group as a special space for research, to achieve collective conceptions of education and work in health, and teaching and service integration.

The composition of the focus group follows the guidelines for the use of this technique<sup>12</sup>, and the meetings turned out to be pleasant and satisfying. The debate was stimulated from the following topics: Which is the knowledge or opinion about SUS? Which is the meaning of health as universal and integral right? Does the QUAVISSS Group develop learning spaces? How to empower the integration teaching-research-service? The identity and anonymity of the subjects are preserved, which are identified as: subject (S) - student (A) or employee (T), and the corresponding number; for the highlight of the talks, it was decided by *italics*. Respecting the challenge of construct a dialogue in the research, it was decided to introduce in the text, the speeches of some individuals, their feelings and understandings of health. It was sought to demonstrate the construction as a collective opinion, enriching the reflections and the expected results.

## RESULTS

When reflecting about the learning spaces created by QUAVISSS Group, as Conversations Meetings, Thematic Workshops, among others, the testimonies reveal the importance of these collective spaces:

*I think so, that a Group member who works in health care, having this broader view it may take to the workplace and get this change, right? Because it would be very interesting to achieve this integration, although is very difficult, [...] but a start, is to demonstrate this, it is a very big step. (SA4)*

*I see that one of the things that QUAVISSS Group achieves is concrete. There's this thing that is of our training, I, as a social worker [...] I'm always in constant formation, because if I stay only in the routine of work, I see that it takes away. I see that I have to look for these spaces, and the university must create it. I think the QUAVISSS favors this, is an education space for the SUS. (ST1)*

*I particularly make the choice to come to QUAVISSS because this question of construction is better to hear from someone than I only get reading. And that thing of a business meeting, then, they're paying attention to what you're saying [...], for me is better than study and think alone. (SA4)*

*And the bond that creates, the entrance of other professionals in the Group, is very good [...]. Through the students, who bring the questions from the trainee, which changes happened, the policies, and end up with knowledge and access to these public policies, does not deviate from the policies. And another thing [...] is that sometimes I find students who were part of the Group and were working on health. Then, the Group contributes to strengthening this professional; it has a SUS defensive positioning [...]. And they are very good and working within this effective defense education as well. And they are always in training. Because the issue of work is precarious yes, distances, the very condition of working distances. (ST1)*

It is observed in the statements, the transformations of reality and social relations:

*In my view, the SUS was very important for society. Because earlier it was not a universal law, with all services integrated, it was a service designed just for those people who contributed. With SUS, that right has become a universal right, even though it is a guaranteed right, but often we see the difficulty to be effective. To be a quality service and meets the entire population. (SA1) And universal right is for everyone. And yet, the SUS has this, to those who are richer, poorer, [...] as a different service. The SUS is as a service that the public is very bad, and the private very good. (SA2)*

*I saw I lived, the SUS implementation process, the difference was that the issue of access actually, to be universal. [...] The SUS is a universal policy of equal access. So, we realize that there was a change, and very*

*good. Now, the question of effectiveness, of course, we see that it is clear the issue of opposite to that SUS will not work. Is very clear for me [...] that the government has to assume it. Education and health are a public responsibility. Because if it falls in the market, quality will be questionable. Because then what will count is the question of gain and not the quality. (ST1)*

The movement indication against hegemonic, followed by resistance to the construction of SUS is checked in the reports: *And I do not know if the problem is the lack of effectiveness, of SUS, and it is a young yet. Because it was a historical process of many struggles, to implement it, and earlier it was only the taxpayers. So, a large portion of the population was excluded from the System. And it was only in 1988 that it was constituted even as a Universal System. And for history, is recent. And what's scary is if it will continue [...], these obstacles to the SUS take effect. And the next 30 years, would reach elderly? Will it be effected? Be full, fully guarantee all the rights of all citizens? (SA3)*

*Now, when speaking about guidelines, which have health policy, [...] few people have that knowledge. And this is the challenge, in the education area, what is needed to carry out the SUS? [...] It is education, is training. Which education? What is the State guaranteeing to universities to form SUS workers? (ST1) I do not know very well. I think of SUS as a challenge. An eternal challenge [...]. I see the SUS as a challenge to effect what it prizes. [...] And for me, the word that defines is a challenge. The challenge of achieving the effectiveness. (SA4)*

*Is the workload and the accumulation of activities, and the lack of integration between the teams. (ST1)*

*The work overload, the accumulation of functions, the lack of team commitment, lack of motivation, has no value, all this. [...] And have the influences of the political, and the devaluation of employees and demotivation. (ST2)*

*The workload and functions accumulation is an overload, causing not performing the functions, as we should. (ST3)*

*The high workload and lack of staff are the biggest problems. There is a lot of charge and party political issue in health. The lack of material resources, the demotivation of employees, the flaws in the communication process and has no teamwork, no commitment. [...] And the lack of staff training is a problem. (ST4)*

The service education proposed by the EPS goes beyond isolated skills and training and focused on immediate problems of services, as in the following description:

*This education we are talking about can happen in any space, is the proposal of permanent education, it is everywhere, is not it? (ST3).*

The possibilities of transforming the everyday health are in small actions and

alternatives, which could be considered in the work process:

*The staff training is important [...]. Another thing is recruitment and asks about their ability, affinity and see the formation of the person [...]. (ST3)*

*Make clear the roles, functions of each professional, and seek to identify and highlight the positive points. Believe it can work, and believe in the changes. The need to encourage, stimulate the team members. So we can improve the space of our work. (ST2)*

*We have professional knowledge and experience; we need to continue education courses to strengthen the work [...]. (ST4)*

*We cannot forget the importance of reading the health policies; it is a commitment [...] and elaborate projects in the city from the raised problems (ST2)*

The disposition to new learning's can generate unease, discomfort, dissatisfaction, desire and search for a new learning in health, to be a space for meeting, sharing, respect, tolerance, and dialogue, as in the speeches:

*I did a training course of continuing education [...]. And so, here too, they do not have a training space. Because training is not only taking the courses that the Ministry of Health offers, training also takes place in the own workspace. For example, [...] training is not what the college provides, it is the workspace, we must create a discussion. And it's not what happens, these spaces are not being facilitated. And the workers, on the other hand, are disorganized, not to charge this, to have this space during the working hours, having a staff meeting. For me, meeting team is training as well. (ST1)*

*In the place where I do, the internship everything is separate. [...] It had to have integration of the whole team, to have participation from everyone. There is no integration of the workers. (SA1)*

*I think that the EPS would be the gateway, for awareness [...]. It's something unaware from the professional; they do, but unaware. Professional unaware of the policy where is inserted, the history, the appreciation of professionals regarding the SUS. (SA4)*

*To discuss the work should be part of the job. And we see that is not like this. The work discussion, mainly of health workers, is not on the agenda. What is the SUS? Many people, workers in general, have no idea what the SUS is. So they feel alienated, and it does not matter to the things that can improve care. (ST2)*

Researchers point out the need for a problem-based training:

*And the importance of the student to see, that those professionals already graduated, and seeking this professional training, so much that is important. Because the training does not end at the University, it is always permanent. (SA1)*

*If the professional is not always seeking such training, stays very closed in the institution, will do bad work, unmotivated [...]. So these spaces are important to discuss, including the position of the professional. (ST2)*

*Here in QUAVISSS group, there is a gradual construction. And even if I, as a future professional, not being inserted in healthcare, for example, to work in CRAS, is extremely necessary for me to know what the SUS is the possible referrals so that I can guide the user population. Thus, regardless of the public service exam, you will make for a social worker, you have to know about the formation of SUS, the law. You have to know about the law... the law of "Maria da Penha," the child and adolescent law. It is an integrated thing, a social worker with better competence must be open to any training. (SA3)*

The perspective of a more human, pleasant and valued work is described by researchers:

*There is the need to improve the physical structure and be more pleasant. To have career plans and well-defined responsibilities, autonomy [...]. There is the need to improve the environment and enhance employees. (ST3)*

*With small changes, starting with self-valorize, for example, humility, understanding, companionship, respect, and humanity. Doing for the other, what you would like to receive, being human. Thus, we will gradually perform the humanization. (ST5)*

The subjects express the collective dimension of health work, from their experiences:

*We suggest inviting an organizer of continuing education for each health unit [...]. Anyway, we want more UBS and ESF participants in the course to ensure change in the model and acting, as SUS policy. (ST3)*

*You know, there is the need to build a project based on the interests and needs of the collective [...], based on the transversal principle. And the strategy to collect the themes should be through interest research with the workers, ensuring the participation of all of them [...]. (ST2)*

## DISCUSSION

The experiences built in QUAVISSS Group show that knowledge is constructed from everyday life, in the possibility of placing the movement in theory, whether by research mediation or extension, either by mediation stage or work. It is in this dialectical relation of practice-theory-practice that subjects project their longings, desires, concerns and achievements, are realized in full and become more human.

The unveiling and transformation activity of reality considers the changes that emerge in the contemporary scene and significantly alter social relations and produce new needs, requiring professionals committed to confronting their manifestations. It is with this view that public

health policy should be reflected, analyzed and defended.

In the present scenario, of intense societal transformations<sup>3</sup>, the precariousness of health work takes place at all levels, not just in low income, but in infrastructure, in violation of workers' rights, the impoverishment of the population that reflects the worker, i.e., it is a scenario that is asking an ethical and political view. This is where lies the relation between everyday work in health and the theme of this research, which refers to the thinking of Minayo<sup>1</sup>:

*Health as a human issue [...] is a shared problem [...] by all social sectors. But the conditions of life and work qualify differently the way that classes and its segments think, feel and act about it.*

The object of the social sciences is historical, which explains the choice of socio-historical method that guides this study because "it's not just the investigator who makes sense to intellectual work, but human beings, groups, and societies give meaning and intentionality to their objectified actions"<sup>1</sup>. This choice prints the social worldview and the ethical-political positioning of QUAVISSS Group since the motivations of this study were born of the concerns and questions of lived reality and experienced by the subjects. Therefore, it is necessary to problematize and question the structures that determine it, because the analysis of isolated aspects of reality is not able to match its concreteness and reveal its essence<sup>7</sup>.

The resistance movement of SUS universality deconstruction as a public policy is organized in defense of the Brazilian Health Reform Project. It can be affirmed that this social movement against hegemonic, resist the neoliberal indications that inform restricted public policies, focused and indicates privatization and outsourcing as a viable alternative to the population health.

To reflect the continuing education as public policy, the subject focus that the Brazilian Unified Health System (SUS) is recognized as an important achievement of society, however, it faces major challenges to effect the fundamental principles that guide its effectiveness, universality, integrality and

equity of health care. This new organizational formulation, as the public policy of the State<sup>13</sup>, recognizes health in its comprehensive concept, related to conditioning and determining factors of the conditions of life and work. The dialogue between the subjects expresses the advances and contradictions involving the realization of the SUS.

The EPS requires the exercise of teamwork faced to the educational process that values the knowledge as "unscientific" and recognized as scientific. And to be structured under the expanded concept of health, in which the various disciplines alternate roles in the construction of integral health care and its promotion. That is why the education practices come out of academic calendars, to be integrated into the practices of public services.

Concerning training detachment and practice, EPS indicates the creation of teaching and learning spaces within the SUS, to standardize the integration of teaching and service camps in cities and regions for field work and students internship. The partnership with the Ministry of Education was established to think and articulate training and change initiatives in the curriculum of courses and professional practices, aimed at training profile that meets public health needs<sup>14</sup>. The construction of this policy reaffirms the democratic principles of SUS, aims to strengthen the participatory management and shared responsibility with devices that expand the spaces for the exercise of dialogue, and the search for collective responses to problems that hinders full attention.

The EPS assumes the significant learning – learning that makes sense to the subject, makes the dialogue with the problems faced in reality and takes into account the knowledge and experiences that individuals have<sup>15</sup>. For learning becomes significant, the construction of knowledge involves the questioning, to reflect about certain situations, ideas, understanding the processes and proposing answers and solutions. In reflecting about the concrete work situation, the proposed solutions

become more real, viable and, above all, decentralized and shared.

In the context of SUS, the questioning was adopted to build relations based on a transformative pedagogical practice, in which the subjects are motivated to experience a different way of seeing the world, on a critical and active attitude, to solve collective problems. This process, opposed to a domination education, leads to breaking with the posture of transmitting information and passivity, rolls over old certainties and causes the active participation of the involved subjects.

However, the adoption of neoliberal precepts by the federal government, intensified from the 1990s, deeply analyzes Machado<sup>16</sup>, produced harmful effects in SUS implementation and resulted not only in precarious work but especially the working mode has also changed significantly, was influenced by working environments increasingly complex, competitive and individualized.

The reflection shows that the implementation of the EPS policy in 2007 is still far from the reality of some services and is a challenge to be faced<sup>5</sup> by the Social Work and other health professions.

The work is the activity that mediates the satisfaction of human needs, whether material or intellectual, that the man gives answers to their needs. Therefore, it is through the work process that men are socialized and projects the desired society conception, which excludes, explores, individualizes, or enables the development of new values and conceptions, which means the eradication of exploration, oppression and alienation processes.

The product of health work should, first of all, answer some human needs; in other words, it should be useful to the health needs as a population right.

That's when the EPS assumes a key role, which allies education with work and questions, discusses, rolls concepts and values, and may cause new positions to the collective confrontation of the challenges posed by the neoliberal offensive. The challenge is to think of a new pedagogy in

health that may involve the construction of subjects, socio-historically committed with the construction of life and health, and their social and collective defense. Thus, to discuss health issues is to make the reflection and analysis, a practice associated with the work, is to act actively to accommodate uncertainty and strangeness. This should allow valuing the skills, to develop the existing potentialities in each reality for meaningful learning in health.

The analysis of this situation shows that the limitations are not restricted to the health sector, or to the cities and their regions. The Brazilian State is not returned to the construction of social reforms needed to overcome the negativity of social determinants in the population life. Therefore, the education of health workers, as a central analysis for the realization of the health right, indicates to think the articulation of spaces in society and the importance of this debate within the University and their participation in this movement of health.

Health work is a collective work, and EPS values this dimension. In health, all activity is performed by a collective dimension worker, the work of one is organized with the other, so the way it is organized is important to understand the workings of contemporary society and their health being developed<sup>17</sup>.

Thus, recognizing that the creative capacity of man is manifested in the work, specifically the human condition of turning nature into useful things according to their interests, it is through this relation with nature that man is constituted and transformed. In the words of Marx<sup>18</sup> – “sets in movement the natural forces of the body – legs and arms, head and hands – to seize upon of natural resources, ensuring useful life to human life.”

## CONCLUSION

The development of the research brought significant contributions and advances in the field of social science knowledge, especially about the training field of human resources

for health, seeking to enhance the teaching and service integration.

The option to bring the Policy of Permanent Education in Health for the University recognizes this as a political-pedagogical strategy constructed to consolidate the model of care provided in SUS. The University has a key role in supporting this process and expands the options of activities and experiences in the student's education. Thus, the inter-agency coordination becomes a priority in the formulation of actions and approaches the different social realities of the municipalities and regions to the educational process of health education.

The participation in QUAVISSS Group and the construction of the learning spaces for the collective exercise of dialogue favored the socialization of knowledge and experiences developed at the local-regional level, establishing a relation with the issues of social, political, economic and cultural relevance. Even allowing student learning by experience and expertise.

The academic and social importance of the study reveals that in the contemporary scene, professions needs qualified answers to faced problems, requiring courage to think of health in a changing perspective and constant movement of deconstruction and reconstruction of ideas, meanings and concepts. Thus, the scientific research is fundamental to making visible the struggles trajectories, resistances and answers, as a source of information and experiences.

The results show that the possibilities for new learnings will meet the needs felt and experienced by the subjects. It highlights the broader meaning of professional training associated with the work, resulting in benefits and self-defense of the public health system. And also show that the EPS is difficult to exercise, as it seeks to break with the vertical practice, centralized and focused on illness, and to adopt an active methodology to discuss the education and work in health, stimulates the subjects the ethical and political commitment to public health.

It is considered that the EPS is a strategy that enhances the teaching and service integration and the search for answers to the problems, causing interest in the participation of groups and activities on subjects of new scientific research, participation in scientific events, projects, and activities. Above all, EPS exercise makes possible to question interests, feelings and integrate the subjects to the collective challenge of learning to (re) construct health.

## REFERENCES

1. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ed. São Paulo: Hucitec; 2010.
2. Ministério da Saúde (Br). Portaria no 1996/GM/MS, de 20 de agosto de 2007. Dispõe sobre as diretrizes para a implementação da Política Nacional de Educação Permanente em Saúde e dá outras providências. Brasília: Ministério da Saúde; 2007.
3. Paulo Netto J. Crise do capital e consequências societárias. *Serv Soc Soc*. [Internet] 2012 [cited in 15 de oct 2014]; 111:413-29. Available in: <http://www.scielo.br/pdf/ssoc/n111/a02.pdf>
4. Bravo MIS, Matos MC. Projeto ético-político do Serviço Social e sua relação com a reforma sanitária: elementos para o debate. In: Mota AE, Gomes L, Bravo MIS, Teixeira M, Marsiglia RMG, Uchôa R. (Org.). *Serviço Social e saúde: formação e trabalho profissional*. São Paulo: Cortez; 2009. p.197-217.
5. Conselho Federal de Serviço Social. *Parâmetros para atuação de assistentes sociais na saúde*. Brasília: CFESS; 2010. (Trabalho e Projeto Profissional nas Políticas Sociais).
6. Guerra Y. A dimensão investigativa no exercício profissional. In: *Serviço Social: direitos sociais e competências profissionais*. Brasília: CFESS/APEPSS; 2009. p.701-718.
7. Kosik K. *Dialética do concreto*. 6ed. Neves C, Toríbio A, tradutores. Rio de Janeiro: Paz e Terra; 2010.
8. Martinelli ML. (Org). *Pesquisa qualitativa: um instigante desafio*. 2ed. São Paulo: Veras; 2012.



9. Sarreta FO, Eto F. A integração do ensino-serviço a partir das experiências do Grupo QUAVISS. In: Sarreta FO, ETO F, Pereira LT. (Org.). Formação e trabalho na saúde: reafirmando o SUS constitucional. Franca/SP: Editora UNESP; 2013. v.1, p.115-22.
10. Minayo MCS. Pesquisa social: teoria, método e criatividade. 18ed. Petrópolis: Vozes; 2001.
11. Ressel LB, Beck CLC, Gualda DMR, Hoffmann IC, Silva RM, Sehnem GD. O uso do grupo focal em pesquisa qualitativa. Texto e Contexto Enferm. [Internet] 2008 [cited in 15 oct 2014]; 17(4):779-86. Available in: <http://www.scielo.br/pdf/tce/v17n4/21.pdf>.
12. Backes DS, Colomé JS, Erdmann RH, Lunardi VL. Grupo focal como técnica de coleta e análise de dados em pesquisas qualitativas. O Mundo da Saúde. 2011; 35(4):438-42.
13. Ministério da Saúde (Br). Lei no. 10.424 de 15 de abril de 2002. Acrescenta capítulo e artigo à Lei no. 8.080, de 19 de setembro de 1990, que dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento de serviços correspondentes e dá outras providências, regulamentando a assistência domiciliar no Sistema Único de Saúde [Internet]. D.O.U. Brasília, 16 abr 2002 [cited in 15 de oct 2014]. Available in: [http://www.planalto.gov.br/ccivil\\_03/leis/2002/110424.htm](http://www.planalto.gov.br/ccivil_03/leis/2002/110424.htm).
14. Sarreta FO. O trabalho em saúde: desafios da educação permanente em saúde. In: VIII Seminário de Saúde do Trabalhador de Franca [Internet]; 2012; Franca. Franca: UNESP; 2012 [cited in 15 oct 2014]. Available in: [http://www.proceedings.scielo.br/scielo.php?script=sci\\_arttext&pid=MSC0000000112012000100049&lng=en&nrm=abn](http://www.proceedings.scielo.br/scielo.php?script=sci_arttext&pid=MSC0000000112012000100049&lng=en&nrm=abn).
15. Sarreta FO. Educação permanente em saúde para os trabalhadores do SUS. São Paulo: Cultura Acadêmica, UNESP; 2010.
16. Machado MH. Trabalhadores de saúde e sua trajetória na reforma sanitária. Cad RH Saúde. 2006; 3(1):32-43.
17. Merhy EE. O trabalho em saúde: olhando e experienciando o SUS no cotidiano. 4ed. São Paulo: Hucitec; 2007.
18. Marx K. O capital: crítica da economia política. Enderle, Rubens, tradutor. 23ed. São Paulo: Boitempo; 2013. p.42. Livro I: O processo de produção do capital.

#### CONTRIBUTIONS

**Fernanda de Oliveira Sarreta** is the coordinator of the research Project and responsible for the design of the study and final draft of the article. **Fumie Eto** participated in the development of all stages of the project and final draft of the article. **Daiane Cristina dos Santos Brentini, Danielle de Oliveira Nogueira, Gabriela Cristina Braga Bisco**, participated in data collection and writing of this article.

#### ACKNOWLEDGMENTS

For the participation in the Project development, especially in data collection to **Ana Luíza Prates, Amanda Bacin Ramalho, Ana Carolina Magiero de Sousa, Bruna Gazeta, Gabriela Stéfany, Helyssa Alves Bafum, Jéssica Ponce, Mariana Aguiar e Letícia Terra Pereira**.