

Permanent health education in the Unified Health System: perceptions of health professionals**Educação permanente em saúde no Sistema Único de Saúde: percepções dos profissionais de saúde****Educación Permanente en salud en el Sistema Único de Salud: percepción de los profesionales de salud**

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Objective: to evaluate the perception of health professionals regarding the practice of Permanent Education in Health. **Methods:** descriptive, cross-sectional study with a qualitative approach, carried out in 2019 in a city in the interior of the state of Paraná. Open questionnaires were applied before and after training on Permanent Health Education, and the responses were analyzed using Bardin's categorical technique. **Results:** 28 professionals participated, predominantly female (89%) and aged 30 to 39 years (50%). It was verified as facilitating factors of Permanent Education in Health: understanding about concept and practice (before); importance for practice in the service and improvement in user service (after), and as barriers: incipient understanding of the concept and practice (before) and implementation difficulties (after). **Conclusion:** the reported factors show the need for health professionals to be trained, and management support is important so that Permanent Health Education can be inserted in the work routine of the municipality, with improvements in the work process, consolidation of interprofessionality and quality in attention to users.

Descriptors: Inservice training; Education, continuing; Public health services.

Objetivo: avaliar a percepção dos profissionais de saúde em relação à prática da Educação Permanente em Saúde. **Método:** estudo descritivo, transversal, de abordagem qualitativa, realizada em 2019 numa cidade do interior do Paraná. Aplicaram-se questionários abertos, antes e após uma capacitação sobre Educação Permanente em Saúde, e as respostas foram analisadas pela técnica categorial de Bardin. **Resultados:** participaram 28 profissionais, com predominância do sexo feminino (89%) e com 30 a 39 anos (50%). Verificou-se como fatores facilitadores da Educação Permanente em Saúde: entendimento sobre conceito e prática (antes); importância para prática no serviço e melhoria no atendimento ao usuário (após), e como barreiras: compreensão incipiente do conceito e prática (antes) e dificuldades de implementação (após). **Conclusão:** os fatores relatados evidenciam a necessidade dos profissionais de saúde se capacitarem, sendo importante o apoio da gestão para que a Educação Permanente em Saúde possa ser inserida na rotina de trabalho do município, com melhorias no processo de trabalho, consolidação da interprofissionalidade e qualidade na atenção aos usuários.

Descritores: Capacitação em serviço; Educação continuada; Serviços públicos de saúde.

Objetivo: evaluar la percepción de los profesionales de la salud sobre la práctica de la Educación Permanente en Salud. **Método:** estudio descriptivo, transversal, con abordaje cualitativo, realizado en 2019 en una ciudad del interior de Paraná. Se aplicaron cuestionarios abiertos, antes y después de una formación sobre Educación Permanente en Salud, y las respuestas se analizaron mediante la técnica categorial de Bardin. **Resultados:** participaron 28 profesionales, con predominio del sexo femenino (89%) y con 30 a 39 años (50%). Como factores facilitadores de la Educación Permanente en Salud se verificaron: comprensión sobre el concepto y la práctica (antes); importancia para la práctica en el servicio y mejora en la atención al usuario (después), y como obstáculos: comprensión incipiente del concepto y la práctica (antes) y dificultades de implementación (después). **Conclusión:** los factores relatados evidencian la necesidad de que los profesionales de la salud se capaciten, siendo importante el apoyo de la administración para que la Educación Permanente en Salud pueda ser insertada en la rutina de trabajo del municipio, con mejoras en el proceso de trabajo, consolidación de la interprofesionalidad y calidad en la atención a los usuarios.

Descritores: Capacitación en servicio; Educación continua; Servicios públicos de salud.

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INTRODUCTION

The National Policy for Permanent Education in Health (PNEPS) was created by the Brazilian Ministry of Health, through Ordinances No 198/2004 and No 1996/2007, and advocates the construction of strategies that qualify health management and the organization of actions and of the Unified Health System (SUS) services, through the training and development of health workers¹.

The PNEPS aims to guide the training and qualification of professionals working in public services, seeking to transform practices and the organization of work based on the needs and difficulties of the system². Permanent Health Education (PHE) presents a scenario that involves the methodology of problematization, interprofessionality, with an emphasis on problem-situations of daily practices, enabling critical reflections and articulation of strategic solutions collectively, and is inserted in the development and consolidation of SUS³⁻⁴.

The implementation of the PNEPS promotes the development of professionals' education and the expansion of the capacity to resolve needs and services, structured from the problematization of the work process, and which have as objectives the transformation of professional practices and of the organization itself, taking as a reference the health needs of users, management and health promotion and surveillance⁵.

In this context, permanent education promotes improvement in the service provided, encourages intersectoriality and training for team professionals, as a form of knowledge and professional motivation. In addition to providing qualification of health professionals to increase the resolution and efficiency of the health system and offer the user higher quality services⁶. For this to happen, the training of health professionals in the SUS is necessary for: service efficiency, resource optimization, greater transparency and, consequently, reflect positively on the population's quality of life.

Studies have pointed out some challenges faced for the development of the PHE, such as difficulties during the implementation process, the existence of work overload, the lack of planning to carry out the PHE initiatives, the devaluation of the initiatives related to the PHE and, mainly, the lack of understanding of PNEPS⁷⁻⁸.

In addition, there is difficulty in the conceptual understanding of what PHE⁹ is, which proves to be an impasse for its implementation⁷. If health professionals and managers are not aware of this public policy and do not understand its importance, there will be no space for PHE to be put into practice in public health services⁸.

Thus, this study aims to evaluate the perception of health professionals in relation to the practice of Permanent Education in Health.

METHODS

This is a descriptive, cross-sectional study with a qualitative approach, using questionnaires with open questions, carried out with health professionals working in the public service of the municipality of Novo Itacolomi, in the state of Paraná. The research consisted of applying the same open questionnaire, before and after training on Permanent Health Education, to assess the perception of these professionals regarding the practice of PHE. We sought to follow the guidelines of the consolidated criteria for qualitative research reports (COREQ)¹⁰.

The municipality of Novo Itacolomi is located in the northern region of Paraná, belonging to the 16th Health Regional, of the Paraná State Health Secretariat (SESA/PR). According to the 2010 census of the Brazilian Institute of Geography and Statistics, it has a population of 2,844 inhabitants, a demographic density of 17.51 inhab/km² and a human development index of 0.71.

Novo Itacolomi has a team of professionals made up of 29 professionals, namely: two physicians, a dental surgeon, five nurses, two pharmacists, a nutritionist, two physical therapists, a psychologist, a social worker, twelve nursing technicians, a technician in oral health and a technician in health surveillance. The municipality has a Health Center, a Family Health Strategy team, an Oral Health Team and an Expanded Family Health and Primary Care Center Team, with coverage of 100% of the population. All basic assistance is carried out in the municipality itself, the other assistance, of medium and high complexity, is referred to the municipalities of Apucarana (regional hub), Araçongas and Londrina.

The training course was offered in 2019 to all health professionals in the municipality of Novo Itacolomi, seeking to discuss and share knowledge about the practice of PHE in public health services. PHE actions were offered to the three health teams (Family Health Strategy team, Oral Health team and Expanded Center for Family Health and Primary Care team). The activity was carried out by the supportive nurse of the 16th Health Regional of Paraná with knowledge and experience in PHE.

The training took place in a well-ventilated environment, located in the Health Center of the municipality, in an exhibition format, on a date pre-established by the local management, during the afternoon, with a workload of 4 hours.

The questionnaire consisted of four open questions that contained information related to the knowledge, perception and practice of PHE by health professionals, answered in the pre and post-training, of those who agreed to participate in the research through information about

the study, signature of the Free and Clarified Consent Form and in person, on a voluntary basis at the Municipal Health Center.

Data confidentiality was maintained, responses were not identified before analysis and every care was taken not to expose details that could identify research participants.

The answers to the questionnaires were pre-coded and pre-analyzed in a cross-sectional and intuitive way, which enabled the identification of the data saturation point. Coding and analysis of responses were performed using the categorical technique of Bardin (2011)¹¹.

The study was submitted and approved by the Standing Committee on Ethics in Research Involving Human Beings at Hospital do Trabalhador/SESA/PR (Opinion No: 4,085,473 and CAAE No 32031320.0.0000.5225), following the regulatory guidelines and standards for research involving human beings. (Resolution No 466/2012 of the National Health Council).

RESULTS

The study included 28 health professionals, 89% female and 50% aged between 30 and 39 years old. Of these, 78% were professionals working in Primary Health Care, and 64% were hired under a statutory regime. Among the professionals, 36% were nurses and 61% of the professionals had worked in the public service for more than 10 years (Table 1).

The main answers obtained from the questionnaires are presented in Table 1, within their respective codes and recording units, with emphasis on: before training (facilitators) - Understanding of the concept and practice of PHE, Importance of PHE in practice in the service and improvement in user service; after training (difficulty) - Incipient understanding of the concept and practice of PHE, Difficulties in implementing PHE in the practice of the service.

Table 1. Health professionals participating in the training and working in the public service in the municipality of Novo Itacolomi, in the state of Paraná, 2019.

	Variables	Frequency (No)	Percentage (%)
Gender	Male	3	11
	Female	25	89
	Total	28	100
Age	20-29 years	4	14
	30-39 years	14	50
	40-49 years	3	11
	More than 50 years	7	25
	Total	28	100
Educational Level	Technical	14	50
	Higher	14	50
	Total	28	100
Technical Course	Nursing	12	86
	Oral Health	1	7
	Health Surveillance	1	7
	Total	14	100
Undergraduate Course	Nursing	5	37
	Pharmacy	2	14
	Physical Therapy	2	14
	Dentistry	1	7
	Nutrition	1	7
	Medicine	1	7
	Psychology	1	7
	Social Services	1	7
	Total	14	100
Place of work	Management	2	7
	Basic Health Unit (BHU)	22	78
	Expanded Center for Family Health and Primary Care	4	15
	Total	28	100
Time working in public services	More than 1 year and less than 5	7	25
	More than 5 years and less than 10	4	14
	More than 10 years	17	61
	Total	28	100
Type of contract	Statutory	18	64
	Cletist	4	14
	Commissioned	2	7
	Legal Entity Contract	4	15
	Total	28	100

Chart 1. Codes and registration units indicating the facilitating factors and barriers encountered by health professionals working in the public service, before and after training. New Itacolomi/PR, 2019.

	FACILITATING FACTORS		BARRIERS	
	Codes	Registration Units	Codes	Registration Units
B E F O R E C A P A C I T A T I O N	Understanding of PHE concept and practice	<p><i>Knowing how to work in a team and taking co-workers to improve knowledge.</i></p> <p><i>Knowing how to listen, speak, respect coworkers and patients</i></p> <p><i>It happens on a daily basis</i></p> <p><i>Share knowledge</i></p> <p><i>Give people the opportunity to educate themselves, to learn new things, to allow themselves to understand what is new</i></p>	Incipient understanding of the concept and practice of PHE	<p><i>Training and qualifications</i></p> <p><i>I think the concept aims to always serve the public with a level of education separate of any other factor</i></p> <p><i>Ability to adapt to changes</i></p> <p><i>These are daily, weekly, monthly trainings, necessary for daily work</i></p> <p><i>Continuing Education</i></p>
A F T E R C A P A C I T A T I O N	Importance of PHE in service practice and improvement in user service	<p><i>Permanent Health Education is an activity carried out in a group with a focus to be achieved, it comes from the questioning raised by the employees themselves and by the user/community, with the objective of formulating actions and strategies and putting them into practice</i></p> <p><i>Putting Permanent Education in Health into practice is to integrate Health teams, it is to have motivation, appreciation of the team, exchange of knowledge and experiences among professionals</i></p> <p><i>Permanent Health Education must take place at various times, such as team meetings, matrix support, and training and courses</i></p> <p><i>Permanent Health Education is a fundamental part of strengthening our knowledge.</i></p> <p><i>Knowledge must be built by the professional with user participation</i></p>	Difficulties in the implementation of EPS in the practice of the service	<p><i>Everything that is new is difficult to accept [...]</i></p> <p><i>In practice, it is a very difficult process. It requires dedication, integration, of all the team and mainly planning, because, due to the excessive demands, the team sees it as one more thing to be done and not as a necessary space to be built [...]</i></p> <p><i>The knowledge process is very difficult to work on, especially for us health professionals, who often become repeaters in our actions.</i></p>

DISCUSSION

This study showed that before training, in concept and practice, difficulties in the implementation and practice of PHE were indicated. After the training, there was a gain in deepening knowledge, as reports were found on the recognition of the importance of continuing education for the service and for improving user service.

Among the facilitating factors that emerged, it was possible to initially verify (before training) that there was an “Understanding of the concept and practice of PHE”, relating it to training, qualifications, learning opportunities, teamwork and being something that occurred in daily work. According to the PNEPS, knowledge must be built from the professionals' experiences and the local reality in which they are inserted¹². It assumes that learning takes place in the workspace, where learning and teaching are incorporated into the daily lives of organizations and services, through knowledge sharing and exchange between professionals.

After the training, the research participants highlighted the “Importance of PHE in the practice of the service and in the improvement of user service”, through problematization between team members and users, with formulations of strategies and practices, interprofessional action in the teams and exchange of knowledge through meetings, matrix support and training. The PHE should bring a look of integrality to the assistance and care actions, in addition to contributing to the articulation of strategies of the multidisciplinary team in solving the patient's problems, facilitating the transformation of teaching-learning practices in the production of knowledge¹³. These results corroborate studies that showed that professionals use the needs of users and the community to initiate and develop their PHE implementation process, pointing to the importance of PHE practices, in improving care and as an education directed to the needs through the exchange of knowledge and skills among the professionals involved¹⁴⁻¹⁵.

When analyzing the code “Incipient understanding of the concept and practice of PHE”, it was verified as a barrier among professionals in distinguishing permanent education and continuing education (CE), and they often refer to PHE as training, updates and qualifications. In a qualitative investigation carried out with health professionals in the state of Paraná, it was possible to verify that many had the perception that PHE and CE would be synonyms and, for others, there was a lack of clarity in the understanding between one and the other⁸. The incipient understanding of the concept and practice of PHE is one of the main difficulties faced in relation to the needs of continuing education, being one of the obstacles to the consolidation of PHE in the practice of health services⁷.

The “Difficulties in the implementation of PHE in the practice of the service” of the health professionals in this research is shown as a barrier to the process of change in practice. If professionals and managers do not understand the importance of PHE and do not know PNEPS, there will be no efforts to put it into practice in health services. It is possible that the misunderstanding about the policy occurs mainly on the part of managers, with vertical PHE actions and without dialogue³.

It is understandable that health professionals often do not understand the essence of PHE, associating it with the activities they have access to, such as training and courses. This strengthens the idea that, when PHE is not incorporated into the performance of a given service, care practices and ways of thinking remain individual and immobilized, and the space for reflection on teamwork practices and on health services remain in the background or do not even happen¹⁶.

On the other hand, it can be identified that the processes for the implementation of PHE are a motivating factor for professional practices and, in the report of most professionals, led to changes in attitude¹⁷. PHE needs to be approached from the identified needs and demands of the work process of health professionals, in which all actors involved (health professionals, managers and SUS users) are in a shared process¹⁷. Thus, the horizontality of knowledge is constructed, reducing the hierarchy of powers and roles¹⁸⁻¹⁹.

The space of collective construction demands place, time and a doing, situations cannot be solved only with reflection. This can only be thought if the field of planning is opened to other disciplines and knowledge, with space for support and sharing²⁰. In this context, PHE has proven to be an important strategy, which can be considered a powerful tool for reflection on the work process, promoting dialogue between participants, raising problems, creating intervention proposals to improve practice, providing the recognition, on the part of health professionals, of their ability to mobilize and to be subjects in their life and work processes.

In this study, the activity allowed the participants to meet and discuss PHE and its importance for the practice of the service. Training spaces have stood out as a tool for professionals to reflect on the work process while adding technical knowledge¹⁵.

CONCLUSION

The training of the health team provided opportunities for discussions and increased knowledge about PHE among professionals. The reported facilitating factors evidenced the need for health professionals to be trained, with management support being of paramount

importance so that PHE can be inserted into the work routine, with a view to improvements in the work process, consolidation of interprofessionality and quality of care to users.

The difficulties and limitations for carrying out this research were: difficulty in defining a common time for training, in order to provide opportunities for the entire team to participate, lack of adherence by one of the physicians due to the demand for care and the difficulty of the population to understand the importance of training and disapproving the lack of professionals. A limiting factor related to the methodological approach was that some participants, due to their low health literacy, had difficulty understanding the question and were unable to answer the proposed questions.

The implementation of PHE in public health services aims at transforming professional practices and the organization of work itself, by taking the needs of health professionals, users and communities as a reference. This study showed differences in the professionals' perception of PHE before and after training, increasing understanding of the importance and potential of joining the team and moving from an incipient knowledge of PHE to a need for implementation.

Thus, it is suggested that other works with a view to monitoring and evaluating the PHE implementation strategies in health services be carried out, including a qualitative approach, for a better understanding of the individual and collective perception of workers and the community.

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