

Educação permanente em saúde: a concepção freireana como subsídio à gestão do cuidado

Permanent education in health: the freire concept as an aid in care management

Educación permanente en salud: diseño de la asignación freiriano como el cuidado de gestión

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ABSTRACT

Objective: The study's aim has been to investigate the use of continuous education towards the care management, based on the Paulo Freire's guidance. **Methods:** It is a meta-synthesis study of the literature. The search for articles/publications was carried out from June to July 2014 using the databases of *Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs)*, *Índice Bibliográfico Español de Ciencias de La Salud (IBECS)* and; Scientific Electronic Library Online (SciELO), found in the *Virtual em Saúde (BVS)*. After finding the articles, reading both the title and the abstract, then, six articles were selected for further analysis. **Results:** The information apprehended during data analysis was synthesized and grouped into the two following categories: Continuous Education in Health - conceptual perspective; and, Continuous Education in Health and the Paulo Freire's Method. **Conclusion:** Continuous Education, especially in nursing, is pointed out as a strategy that promotes the improvement of both care and management.

Descriptors: Health education, nursing education, management.

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RESUMO

Objetivo: Investigar o emprego da educação permanente na gestão do cuidado, embasado nos referenciais de Paulo Freire. **Método:** Estudo do tipo metassíntese da literatura. A busca dos artigos/publicações foi realizada nos meses de junho e julho de 2014, nas bases de dados da Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs), Índice Bibliográfico Español de Ciencias de La Salud (IBECS) e; Scientific Electronic Library Online (SciELO), contempladas pela Biblioteca Virtual em Saúde (BVS). Após a fase de localização, da leitura do título e do resumo, foram selecionados seis artigos para análise. **Resultados:** As informações apreendidas na análise dos dados foram sintetizadas e agrupadas em duas categorias: Educação Permanente em Saúde - perspectiva conceitual e; Educação Permanente em Saúde e o Método Paulo Freire. **Conclusão:** A Educação Permanente, especialmente na enfermagem, é apontada como estratégia que promove a melhoria da gestão e do cuidado.

Descritores: Educação em saúde, Educação em enfermagem, Gestão.

RESUMEN

Objetivo: Investigar el uso de la formación continua en la gestión de la salud, sobre la base de referencia de Paulo Freire. **Método:** Estudio de la literatura metasíntesis tipo. La búsqueda de artículos / publicaciones se llevó a cabo en junio y julio de 2014 en las bases de datos de la Ciencias de la Salud de América Latina y el Caribe (lilas), Índice Bibliográfico Español Ciencias de La Salud (IBECS) y; Scientific Electronic Library Online (SciELO) contemplado por la Biblioteca Virtual en Salud (BVS). Después de la fase de localización, leer el título y el resumen se seleccionaron seis artículos para el análisis. **Resultados:** La información incautada en el análisis de los datos se resumieron y se agrupan en dos categorías: Educación Continua en Salud - perspectiva conceptual y; La educación sanitaria y el método de Paulo Freire. **Conclusión:** Educación Continua, especialmente en ancianos, se considera como una estrategia que promueve la mejora de la gestión y cuidado.

Descritores: Educación para la salud, La educación de enfermeira, Gestión.

INTRODUCTION

Different strategies and policies aimed at the training and qualification of health professionals have been proposed by the World Health Organization and the Health Ministry in order to trigger effective changes in the management of care. In this context, Paulo Freire's conceptions, based on the dialogic method, became a reference for new experiences in the field of health education.^{1,2}

The dialogical method proposed by Freire presupposes the exchange of information by means of the mixture between the technical-scientific knowledge and the life experiences of the learner/student, who is invited to reflect and express his/her knowledge and thus to create new strategies for a more realistic and efficient approach to the defense of health needs.^{1,2} It is emphasized that health education demands the understanding of philosophical conceptions about work and its relations with the subjects of work. In this aspect, Paulo Freire's theoretical framework has been placed as a philosophical conception that corresponds to the needs and the yearning for the permanent formation of professionals.²

On the other hand, Continuous Education in Health (CEH) focuses on learning and on the possibility of transforming professional practices, through the problems faced in reality and based on the knowledge and experiences of each individual.⁴ Moreover, it plays an important role in order to ensure that the professional maintains and develops new knowledge and skills.

In this sense, the CEH is a tool for change that assists in the qualification of care, especially when supported by referrals that favor its conduction, effective working partnerships between the professionals involved and environments that allow them to maximize their learning.⁵

Among the global challenges related to the health area is the provision of high-quality care in a context where health demands are increasingly complex.⁶ Thus, the use of CEH is a strategy that encourages professionals to develop skills meet these challenges.⁵

Given the aforementioned, the present study aimed to investigate the use of continuous education towards the care management, based on the Paulo Freire's guidance.

METHODS

It is a meta-synthesis study of the literature,⁷ which was based on the following guiding question: How is the scientific production with regards to Permanent Health Education presented as a strategy for the management of care based on *Freireanas'* conceptions?

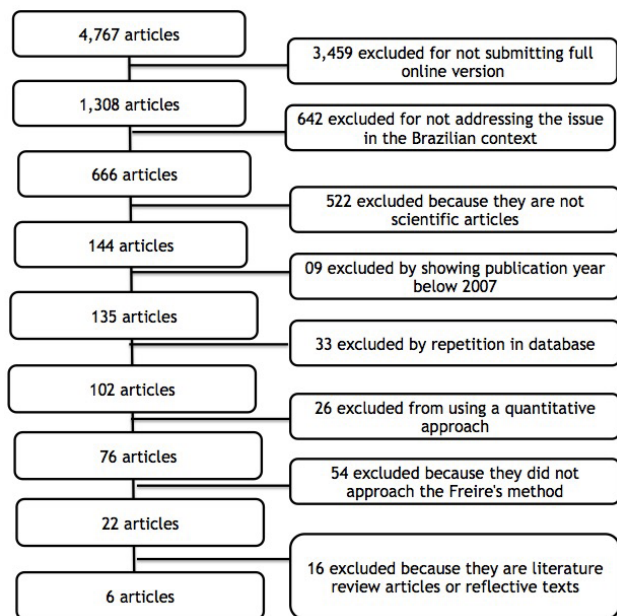
The search for articles/publications was carried out from June to July 2014 using the databases of *Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs)*, *Índice Bibliográfico Español de Ciencias de La Salud (IBECS)* and; Scientific Electronic Library Online (SciELO), found in the *Virtual em Saúde (BVS)*. The searches were performed using Boolean expressions in different combinations with the descriptors "Education", "Nursing", "Training of Human Resources" and; also, with the uncontrolled research terms: "Continuous Education in Health" and "Care Management". In addition to the mentioned criteria, the evaluation of the studies included in the review was based on the Qualis Capes, related to the area of nursing/health, over the triennium from 2010 to 2012.

Inclusion criteria were original scientific papers with a qualitative approach; published between January 2007 and June 2014; limited to the Portuguese, English or Spanish languages, provided they deal with the Brazilian context and the use of the Paulo Freire's method. After finding the articles, reading both the title and the abstract, the articles were excluded according to the criteria presented in **Figure 1**, subsequently, six articles eligible for analysis were selected, which in this study were denominated as Article I⁸, II⁹, III¹⁰, IV¹¹, V¹² e VI.¹³

The information apprehended during data analysis was synthesized and grouped into categories, themes and/or core-synthesis values, as suggested by the literature relevant

to the method.¹⁴ Fragments from the analyzed articles were inserted in order to support the discussions in the categories. The fragments were edited, without changing the content, in order to extract from the articles their core.

Figure 1 - Flowchart of the methodological steps used for article selection. *Maringá-PR*, 2015



Source: The authors.

RESULTS

Table 1 contains reference and author data of the publications included in the analysis, as well as the classification of the respective journals (n=6) in the Qualis/Capes extract.

Table 1 - Characterization of the selected articles according to the reference data and the Qualis/Capes extract. *Maringá-PR*, 2015 (9-14)

Article	References	Qualis
I ⁸	Medeiros AC, Pereira QLC, Siqueira LCPH, Cecagno D, Moraes CL. Gestão participativa na educação permanente em saúde: olhar das enfermeiras. <i>Rev. Bras Enferm</i> ; 2010. 63(1): 38-42.	A2
II ⁹	Cunha, RR; Backes, VMS; Heidemann, ITSB. Desvelamento crítico da pessoa estomizada: em ação o programa de educação permanente em saúde. <i>Acta paul. enferm</i> ;25(2): 296-301, 2012.	B2
III ¹⁰	Sá, TH; Florindo, AA. Efeitos de um programa educativo sobre práticas e saberes de trabalhadores da Estratégia de Saúde da Família para a promoção de atividade física. <i>Rev. bras. ativ. fis. saúde</i> ; 17(4)ago. 2012.	C
IV ¹¹	Ferraz, F; Backes, VMS; Mercado-Martinez, FJ; Feuerwerker, LCM; Lino, MM. Gestão de recursos financeiros da educação permanente em saúde: desafio das comissões de integração ensino-serviço. <i>Ciência Saúde Coletiva</i> ; 18(6): 1683-1693, Jun. 2013	B1
V ¹²	Oliveira, SRG; Wendhausen, ÁLP. (Re) significando a educação em saúde: dificuldades e possibilidades da Estratégia Saúde da Família. <i>Trab. educ. saúde</i> ; 12(1): 129-147, jan-abr. 2014.	None
VI ¹³	Juzwiak, CR; Castro, PM; Batista, SHSS. A experiência da Oficina Permanente de Educação Alimentar e em Saúde (OPEAS): formação de profissionais para a promoção da alimentação saudável nas escolas. <i>Ciências Saúde Coletiva</i> ; 18(4): 1009-1018, abr. 2013.	B1

Source: The authors.

Note: Original titles were kept.

Table 2 summarizes the publications that comprise the review, its objectives, methods and main conclusions, from which the thematic categories of this study have emerged.

Table 2 - Distribution of articles according to purpose, method and conclusion. *Maringá-PR*, 2015 (9-14)

Art.	Objective	Method	Conclusion
I ⁸	To know the management strategies, based on the Permanent Education in Health (CEH).	Paulo Freire's Circle of Culture Method. Participants: six nursing assistants from a university hospital in the <i>Rio Grande do Sul</i> State.	Participatory management and decision-making process were identified as a strategic management resource during the Circle of Culture and it was also highlighted that CEH strengthens and values teamwork; enables the participation of professionals in the planning and actions of care.
II ⁹	To present the critical unveiling of the <i>Freireano's</i> research itinerary in the attention to the stomped person.	Qualitative study articulated with Paulo Freire's methodological framework. Participants: patients that underwent ostomy.	The poor qualification of the health professionals was one of the themes generating the most relevant Circle of Culture, revealing the need to implement a permanent education program to care for patients that underwent ostomy.
III ¹⁰	To evaluate the effects of an educational program on practices and knowledge of workers of the Family Health Strategy for the promotion of physical activity.	Educational, interventional program based on <i>Freireano's</i> pedagogy and the National Policy on Continuous Education. Participants: professionals of the family health team.	The program was very well evaluated by the participants, as it promoted changes on the representation they had about physical activity and on the quality and importance of counseling for the practice of physical activity performed by the family health team.
IV ¹¹	To analyze how the management of the financial resources of the National Policy on Continuous Education occurs in two Permanent Committees of Integration Teaching-Service.	Qualitative study, of the type participant research, carried out through the thematic investigation of Paulo Freire. Participants: Health professionals from the Permanent Committees of Integration Teaching-Service.	The Permanent Committees of Integration Teaching-Service have identified that the bureaucratization, the lack of definition of financial management and the slowness that permeate the regional structures responsible for the financial question are the factors that make it difficult to manage resources for National Policy on Continuous Education.
V ¹²	To know the conception and the experience of 27 employees of the Family Health Strategy on health education.	Group work, developed through the problematization, based on Paulo Freire. Participants: 27 professionals of the family health team.	The study revealed the difficulties of the subjects in different aspects of educational action in their practices, because it was perceived that the remnants of banking education, preventive and medicated in their daily practice are still strong. The 'continuing education' prevailed in the speeches of the participants, but at no time did the term 'continuous' appear in the discussions.
VI ¹³	To evaluate the experience of the Continuous Workshop about Food and Health Education.	Holding of 10 workshops with nutritionists, directors/ assistant managers, pedagogical coordinators, teachers and nutrition graduates, with Paulo Freire and Pichon-Riviér as references.	In the summative evaluation, four central ideas were seized, then situating Continuous Workshop about Food and Health Education as: knowledge acquisition, space for reflection, opportunity for integration and; ideas for practical use. The spaces of continuous education must be built with the professionals in order to promote the actions that promote healthy eating in school.

Source: The authors.

DISCUSSION

The Continuous Education in Health based on the *Freireanas'* conceptions is presented in the scientific production as a strategy for the management of care in the six selected articles, highlighting aspects related to learning at work, which enables the transformation of professional practices, from the problems faced in reality, based on pre-existing knowledge and experiences, corroborating with what is recommended by the Health Ministry.¹⁵

From the analysis of the publications, the following categories were obtained:

Continuous Education in Health - conceptual perspective

The Health Ministry points out the Continuous Education in Health as a strategy that promotes the improvement of the management, as follows:

[...] CEH should be taken as a strategic resource for the management of health work and education, making it possible to organize training and the permanent development of workers. And because it is a strategy for collective learning, based on practices and work, it is that CEH is a constituent part of democratic management, in other words, it is a strategy for participatory management.⁸

According to the statement presented, Article I clearly showed this, CEH favors employee participation in the discussion, decision-making process and continuous improvement of the work process; characterizing participatory management based on the decentralization of decisions and the approximation of all members of the work team.⁸

In addition to educational action, CEH is an essential part of the institutional change strategy, because, despite its importance in health institutions, it rarely establishes itself as a global and sustainable strategy, which leads to the progressive and systematic achievement of its purposes. According to Article II, it is conjectured that this occurs because the professionals have not yet internalized the CEH as a permanent process of education in the service, focusing on the discussions and resolutions of the problems inherent in the work.^{3-4,7-9,16}

It is emphasized the importance of the participation of all in the process of permanent education, so that the changes do not happen in the individual aspects, but, institutionally. It is important to note that the National Policy of CEH establishes three main issues associated with the training and continuing education of health personnel.¹⁵ The first deals with the impact of training processes, which do not always represent a substantive part of a strategy for institutional change. The second refers to the CEH as a systematic and global strategy, which may include several specific training actions, not the other way around; the last one establishes that all CEH process is elaborated, designed and executed, based on the strategic analysis and the institutional culture of the health service in which it is inserted.

Educational approaches, based on CEH, incorporate teaching and learning into the daily life of organizations and social and labor practices, in the real context in which they occur.¹⁷ Institutional analysis and the perspective of the education of professionals, particularly in situations of work, may lead to the identification of problems that were hitherto unknown or not valued in the practice of assisting the individual. For instance, it was observed in article II, analyzed in the present study, the need for qualification of health professionals, identified from the practice of daily care with individuals that underwent ostomy.⁹ Thus, it is reiterated that the daily exercise proposed by CEH to reevaluate the work routine favors the daily identification of barriers, limits, and possibilities that contribute to the effective construction of qualified care.

It should be noted that the analyzed publications present a diversity of themes explored in the CEH and this signals to the fact that this strategy can promote transformations in different realities, regardless of the type of health service and/or objective to be achieved. Nonetheless, the need for CEH to be effectively and permanently included in the routine of health services is to be considered, so that the identified limitations and gaps related to the practice are the subjects of the activities carried out and are constantly re-evaluated, then maximizing the potential of a high quality care.⁵

Continuous Education in Health and the Paulo Freire's Method

The National Policy of CEH, aimed at the training and development of workers of the *Sistema Único de Saúde (SUS)* [Unified Health System], is understood as a proposal for action that contributes to the necessary transformation of the training processes, pedagogical practices in health and, also, organization of services. In article III, which evaluated the positive effects of an educational program on practices and knowledge of workers from the Family Health Strategy in order to promote physical activity, it is part of this discussion and shows that CEH is, therefore, an articulated work between the health system, in its management spheres and training institutions, with a view to identifying daily problems and building solutions.^{8-10,13,15,17-19}

The main characteristic of CEH, a transformation of reality, coupled with Paulo Freire's method of dialogical education, applied in the field of health, enables the construction of a qualified care.^{2-4,7-10,13-20} In Article III, the relationship between the National Policy of CEH and the dialogic method was approached as follows:

The pedagogy of Paulo Freire served as a theoretical reference of the educational program because of its close relationship with the National Policy of CEH, which proposes the permanent formation of professionals from the problematization of their daily reality.¹⁰

In most cases, the training of professionals is characterized by the transmission of knowledge, following the logic of banking conception in which the intention is to transmit information in a way that the educator places himself as the holder of the knowledge to be assimilated by the student.^{2-4,7-10,13-19} In this context, accumulated experience and assessments over decades have shown that the mere transmission of content and the theory taught through training are seldom put into practice and therefore do not achieve the expected results.^{10-11,19-20}

Many motives can permeate as obstacles to achieving desired results, as presented in Article IV when they speak of the management of resources destined to the National Policy of CEH as an important factor.¹¹ In parallel to this, the Article V showed that there are also difficulties on the part of subjects in different aspects of educational activity, such as in their daily practices, which pointed to the term continued education strongly present in the speeches of the participants, but the permanent term, absent in the discussions.¹²

Complementing the ideas of the previous studies, the Article VI showed that permanent education spaces should be built with professionals in order to foster desired actions, space for reflection and acquisition of knowledge, opportunity for integration and ideas for practice.¹³

The pedagogical proposal of Paulo Freire, based on questioning, ethical education, liberating and transforming,

meets the objectives of the CEH, inasmuch as it proposes discussions and reflections, consciously and critically, on the importance of the educational process in the lived reality. Through this scenario, the seized theory tends to promote effective changes in the work process.^{2-4,7-10,13-21}

The Paulo Freire's method focuses on the importance of group work from the generating themes. In the six articles selected, the method was used through the Research Itinerary and Circle of Culture, and this indicates that the participants, through dialogue, had the possibility to reflect on their work and their learning path as it appears in the excerpt below.^{2-4,7-8,10,14-16,19-22}

[...] to the dialogic reflection of the group, identified participatory planning as a strategy that promotes autonomy, valorization, technical competence and the construction of teamwork in their own learning path.⁸

The dialogical reflection of the group mentioned in the excerpts rests on one of the presuppositions that Freire designates as idea-force, which consists of leading the student to an awareness and critical attitude, in the sense that there is a change of reality which in turn, falls within the teaching and learning process advocated by CEH.^{2-3,7,14-16,18}

Moreover, Paulo Freire's proposal corresponds to the needs of the SUS, in order to qualify professionals and improve health management processes, since it considers the individual as an active subject, who needs to be empowered and recognized as a central figure before his health status.

In this sense, CEH, guided by Paulo Freire's method, culminates with competence-based training, which replaces the traditional teaching-learning approach with another based on the exchange of different knowledge, whose individuals are encouraged to identify behaviors and risk factors their health condition and to plan strategies to avoid them.²³

However, the need for CEH to be effectively and permanently included in the routine of health services is to be considered, so that the identified limitations and gaps related to the practice are the subject of the activities carried out and are constantly re-evaluated, maximizing the potential of the high quality care.

CONCLUSIONS

The results of this study demonstrated that the Continuous Education in Health is indicated as a strategy that promotes the improvement of the management and the care as, for example, in the decision-making process, improvement of the work, and opportunity to reevaluate the daily routine. Nevertheless, the effective implementation and grounding in Paulo Freire's method, with a view to prioritizing the different knowledge in the care process, inspires frequent challenges to all health staff.

Considering that the fundamentals of Paulo Freire's approach are in line with the proposal of CEH, it is suggested that training schools, leadership, and health workers should promote more in-depth discussions about this strategy and implement actions aimed at the permanent formation of the team of health. Furthermore, in the field of research, it is recommended to carry out evaluative research with the objective of identifying the impact of CEH on the work process of professionals and also on improving the quality of care.

Hence, it is well known that the findings of this study can help in the reflection of the daily practice of health services and the importance of the use of Continuous Education in Health guided by the Freire's approach in order to contribute to the advances related to the quality of the care provided.

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