

## Permanent education and health management: a conception of nurses<sup>1</sup>

Educação permanente e gestão em saúde: a concepção de enfermeiros

Educación permanente y gestión de la salud: una concepción de enfermeros

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### ABSTRACT

**Objective:** To analyze the nurses understanding of Permanent Education inHealth as a management tool.

**Methods:** Qualitative research supported by the theoretical-methodological contribution of the dialectical hermeneutics. The data collection consisted of interviews with 14 nurses. **Results:** Most nurses report understanding the importance of Permanent Education inHealth as a management tool, but show an incipient view of it when describing educational practices as punctual knowledge transmission activities, usually directed to a specific professional group and with pre-defined themes based exclusively on management needs.

**Conclusion:** Permanent Education inHealth, understood as a permanent and shared analysis of work process, aiming at the transformation of health practices, is a powerful tool to promote changes in the services, as well as in the management of the Unified Health System (SUS).

**Descriptors:** Education continuing, Nursing, Health services administration.

### RESUMO

**Objetivo:** Analisar a compreensão de enfermeiros sobre a Educação Permanente em Saúde como ferramenta de gestão.

**Métodos:** Investigação qualitativa realizada com o aporte teórico-metodológico da hermenêutica-dialética. Os dados foram coletados por entrevistas com 14 enfermeiros. **Resultados:** Q maioria dos enfermeiros relata compreender a importância da Educação Permanente em

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Saúde como ferramenta de gestão, mas demonstra uma visão incipiente desta ao descrever práticas educativas como atividades de transmissão do conhecimento pontuais, geralmente direcionadas a um grupo profissional específico e com temáticas definidas à partir de necessidades gestoras. **Conclusão:** A Educação Permanente em Saúde, entendida como questionamento permanente e compartilhado do processo de trabalho, com vistas à transformação das práticas em saúde, é uma potente ferramenta para a mudança no cotidiano dos serviços, assim como na gestão do Sistema Único de Saúde.

**Descritores:** Educação continuada, Enfermagem, Administração de serviços de saúde.

## RESUMEN

**Objetivo:** Analizar la comprensión de enfermero sobre la Educación Permanente en Salud como herramienta de gestión. **Métodos:** Investigación cualitativa realizada con el aporte teórico-metodológico de la hermenéutica-dialéctica. Los datos se recopilaron por medio de entrevistas con 14 enfermeros. **Resultados:** La mayoría de los enfermeros relata comprender la importancia de la Educación Permanente en Salud como herramienta de gestión, pero demuestra una visión incipiente de ella en describir las prácticas educativas como actividades puntuales de transmisión de conocimiento, en general dirigidas a un grupo específico de profesionales y con temáticas definidas a partir de las necesidades gestoras. **Conclusión:** La Educación Permanente en Salud, comprendida como cuestionamiento permanente y compartido del proceso de trabajo, con el fin de la transformación de las prácticas en salud, es una fuerte herramienta para el cambio en la cotidianidad de los servicios, así como en la gestión del Sistema Único de Salud (SUS).

**Descriptor:** Educación continuada, Enfermería, Administración de servicios de salud.

## INTRODUCTION

The *Sistema Único de Saúde* (SUS) [Unified Health System] has the constitutional duty<sup>1</sup> to ensure the training of health workers and has been investing in it since its creation. Numerous important moments are present in the SUS history, such as the creation of the *Política Nacional de Educação Permanente em Saúde* (PNEPS) [National Policy on Permanent Health Education]<sup>2</sup>, aimed to present the Permanent Education in Health (PEH) as a management strategy for reorganizing the health system and a tool for approaching the workers' daily life to the population needs.

In this way, PEH is a strategy of collective construction through dialogue and discussions about practice, and through pacts for reorganizing work management, attention, and social control. At the same time, it enabled the development of the workers, institutions, consequently improving the quality of care.<sup>3</sup>

It is believed that the PEH, with the purpose of increasing the service quality, requires the participation of all actors involved in this process. Moreover, the PEH contributes to the implementation of the Brazilian Sanitary Reform by understanding the complexity of the health dynamic reality.<sup>4</sup> However, the PNEPS has not been discussed in the system units nor in the Ministry of Health because of the predominance of an instrumental vision of the construction of techno-assistance models: the focus on norms and financing

mechanisms. In this way, it would be considered a medium-policy and not a structuring — or restructuring — system policy.<sup>5</sup>

This is a challenge to be overcome. However, in the daily services, PEH has become a tool for transforming health work through the development of new actions. For instance, case discussions about users with greater vulnerability make these actions devices to rethink the practices and the health work process among the various actors involved<sup>6</sup>. Moreover, they make affections, discomforts, and desires visible and understandable for others in health care.<sup>7</sup>

Another challenge is giving a new meaning to what is understood about PEH. It is necessary to move from an understanding that reduces it to a tool of a purely pedagogical nature to a concept that incorporates ethical-methodological changes in the daily healthcare work. Thus, considering work as a learning device through collective thinking is an action with potential for the health service reorganization. However, acting from this understanding of health education as a dynamic, living process that occurs in the mutability of daily services issues inevitably includes a high degree of uncertainty and low potential for process control. This is the main challenge, which can alter the hegemonic thinking present in health.<sup>8</sup>

PEH must be part of healthcare in the SUS. Hence, this study adopted the concept of PEH based on meaningful learning, in which learning and teaching must integrate the health professionals' daily practice so that they could think about the different realities and models of health care and identify problem situations.<sup>9</sup>

In order to improve the evaluation process of the permanent education policy, as well as the reorientation of the nurses' training process, pointing out their possibilities of acting in this area to improve the care and resolve the health needs in the SUS, this study's objective has been to investigate the PEH as a work tool for nurses working in the ambit of management.

The initial assumptions for this study were: 1) nurses who work in the healthcare management do not identify permanent education as a process present in most of their actions; 2) permanent education is a powerful tool to assist healthcare management.

## METHODS

This is a descriptive research with a qualitative approach. The research is based on the theoretical reference of the hermeneutic-dialectic and the "method of interpretation of meanings".<sup>10</sup> It was carried out in a public health institution in the *Minas Gerais* State, Brazil. The purpose of this institution is to ensure the management of the State Health System in various regions, aiming at the population's quality of life by implementing state policies and organizing the health care service.<sup>11</sup>

Nineteen nurses working in state health management were invited to participate in this study. Three of them participated in the pilot test whereas two chose not to participate. Thus,

the research participants were 14 nurses labeled with numbers that describe the order of the interviews — from N1 to N14.

Data were collected from August to December 2014 by means of interviews guided by a semi-structured script and recorded in a digital format. They were transcribed in full, correcting language vices, paying attention to not modify the basic characteristics of the text and its meaning. Then, we proceeded to the data classification stage, making it possible the construction of empirical categories based on the theoretical assumptions and the PEH concept.<sup>9</sup> To accomplish this classification, interview re-reading and organization of the significant reports were carried out in order to provide a horizontal map with the field discoveries and first impressions.

By using the transversal reading of each subset from the cuts in the speech extracted from the interviews, the meaning units were constructed, in which the expressions that presented a certain homogeneity or identity were grouped to identify the connections between them. Therefore, the following nuclei of meaning were obtained: professionals' routine; PEH activities developed by professionals; permanent education as a tool for the SUS management processes; the PEH as a tool for changing the professionals' posture; and the PEH concept according to nurses.

After the identification of the nuclei, the fragments of the most significant speeches were selected. From the horizontal and vertical synthesis of each meaning core, the data were compared, and later a horizontal and vertical general synthesis were described. The horizontal synthesis identifies convergences, divergences, and complementarities of each interviewee's ideas by systematic observation. The vertical synthesis produces a general idea of each interviewee about the nuclei of meaning.<sup>12</sup> Then, these nuclei were submitted to transversal reading, allowing the participants' ideas to be compared, retaking the guiding questions, objectives, assumptions, and theoretical referential study to obtain the categories.

The final analysis consisted in the elaboration of a report that includes the critical and reflexive understanding and interpretation of the empirical material and the theoretical reference, in which the latent content of texts is unveiled, triangulating them with the participants' speech and researchers' interpretations.

This study followed the formal requirements stated in the national and international regulations about research involving human beings and was approved by the Research Ethics Committee of the *Universidade Federal de Juiz de Fora* under the Legal Opinion No. 622.490.

## RESULTS

### **The nurses' work in the public health institution and the developed permanent education activities**

In this category, the participants' statements were used to analyze the nurses' work and the permanent education activities developed by them.

## Meaning Core 1 – Work “Routine”

Based on the technical function, the nurses portrayed their “routine” with the healthcare workers of the municipalities covered by the institution:

*My work routine is not fixed, we make schedules, we travel and we carry out inspections. (N1).*

*I work in the immunization department, our routine here is to serve the municipalities that are within our jurisdiction. The regional unit assists the municipality units and provides technical guidance so that they can work, both in the vaccination routine and in campaigns. (N3)*

When asked about the existence of a systematized work plan, the participants reported an open, non-systematic work process, developing the interventions according to the problems that arise daily:

*Every day we are putting out a fire, in fact, we don't have a predetermined routine, we solve the problems as they arise. (N4).*

*I've been here for two months and I didn't know this sector. I came here to take on only the Manchester protocol, which has been lacking a technical reference for nine months. So I came in and tried to catch up the situation and I'm trying to do it all this time. (N7)*

Some interviewees, although describing the work routine as “free”, showed that they follow the “orders” of the State Department of Health or the Ministry of Health to carry out their work:

*The routine is free. We arrive, open the e-mail, see what are the orders from Belo Horizonte, see if there's any publication and continue our studies to know the news about legislation. (N5)*

*My work routine at the Superintendence is to arrive every day and check if there is an orientation, some new legislation, and some new regulations, both from the Ministry and from the State Department of Health.*

## Meaning Core 2 – Educational Actions

Educational actions constitute a relevant dimension of the nurses' work. In this research, when analyzing the participants' reports about the developed daily activities, these are revealed as educational actions related to skills on specific themes:

*We have the periodic training, in which we call two, three, four municipality units, that is, four teams here and do the training with themes all focused on education, mainly for the community agent's action. So we basically do this process, which is really meant for this continuing education. (N6)*

It is also understood that PEH is recognized as educational actions carried out from the identification of service failures or the problematization of the work process, not necessarily considering the way the process occurs:

*In the matter of permanent education, we fall far short. What we end up doing is a daily education, according to the municipality's needs. There are some program guidelines that we use to give a training and general orientations for the municipality units: permanent education related to the demand changes, the conduct of certain programs stated by the Ministry, or when we evaluate the notification forms and verify some deficiencies, if the municipality units are persisting in something inadequate, we call them for training. (N14)*

Thus, it is possible to identify the limited use of some PEH principles in the management practice of the research participants, even if they do not recognize them as such:

*The permanent education actions are for guiding the service providers and, as we are doing the inspections, when we find inconsistencies or irregularities, we guide them. (N1)*

*The actions of permanent education, mostly, are related to the Protocol because it's what gives most of the problems. My service is not for inspection, it is for education. I guide the municipality units, send educative e-mails, and teach the workers, it is a more educational role. (N6)*

## PEH as a tool for management according to the nurses' viewpoint

According to the interviewees, permanent education is a necessary tool in order to make the SUS work.

### Meaning Core 1 – PEH: a tool for SUS management

The interviewees' speech demonstrates the PEH as a strategy for SUS management, understanding their importance as a tool for the daily work developed with workers from different municipalities:

*I think SUS can't function without PEH. First, because we have many changes, we can't manage it, the SUS can't keep up with these changes only by using its ordinances or laws, we have to do this by permanent education because we get there sooner, we interact with healthcare workers in real time. (N3).*

*The SUS management needs to be discussed all the time, needs to be expanded, monitored, it exists precisely for this, it's necessary. (E2).*

Furthermore, some interviewees identify the importance of guaranteeing the institutional space of the PEH and overcoming some mistrust about its effective implementation,

considering its potential to contribute to the workers' professional improvement:

*PEH, regarding the individual and collective process, is a very nice process for people to use. I think it's primordial, I think a lot like this: health education, we have to think about getting out of ourselves to understand the logic of the other person, so to have an innovation in this sense it has to be done, encouraging the people's learning capacity, it has to be decentralized and ascending, which I think it encourages this learning ability. And for me, it is a primordial tool that puts the discussion about our formation in our daily work to improve the quality of healthcare. (N13).*

### Meaning Core 2 – Change in Posture

When asked if PEH processes lead to a change in posture, most professionals reported that these changes happen, which, in turn, change the municipal health indicators:

*The change in posture is clear, it is notorious. When we finish any PEH training process, we see the change in a short time, this change can be seen in the obtained indices, in the achieved indicators that improve the quality of the service. (N3).*

*There are a lot of changes. The changes always happen mainly because they are professionals aware of their role, then, from the moment you are aware of your role, not changing become impossible. If you understand, become aware, how will you not change? Yes, you have to change your posture. (N6).*

Nevertheless, other participants did not recognize the changes in posture because the professionals showed resistance or cannot follow and monitor the educational process:

*Sometimes, not always. The change in the professionals' posture is not intrinsically linked to the educational actions; usually they already have this over the academy or get it by professionalism or practice. Educational actions aren't a "sinequanon" condition for changing the posture, so we observe in some cases that they exist, but, in most cases, they don't. (N10).*

*Changes in posture happen in some of them, others have a bit more resistance, but most of them can adopt it and, with a little effort, can also walk. (N12).*

### Meaning Core 3 – Motivation and encouragement

It was also identified that PEH processes are a motivating factor for professional practices:

*Educational actions are important not only to make the professionals take control of new instruments and knowledge,*

*but also, especially, stimulate that professional, encourage him. Then, after an educational action, we see that the team becomes much more motivated, more united, that's the importance of making educational actions routinely: it's for that motivation become constant. (N8).*

*I realize how they come willing to actually participate in the PEH, and when it's well planned and seeks to really mobilize the professional, he has a noticeable change. (N9).*

## DISCUSSION

The work routine of the participants consists of providing technical guidelines and qualifying the municipality healthcare units under their jurisdiction, based on the demands sent by the State Department of Health and pointed out by the professionals of the municipalities themselves. This routine suffers from lack of previous planning, which has been described with some discomfort by the interviewees.

Each technical reference executes, monitors, and evaluates the programs and policies related to them. Some participants reported that this "technical reference" is focused on the professional who manages a particular program. For example, there is no dialogue between the epidemiology and primary care sectors, or between the latter and the core healthcare networks. The management fragmentation observed within the institution can compromise the quality of healthcare due to the generation of fragmented systems characterized by isolated healthcare units. Without communication, they are incapable of providing comprehensive care to the population.<sup>13</sup>

The lack of communication in the system is already observed in the work process of federated entities, since the Ministry and the Secretariats of Health traditionally create fragmented public policies: management separated from attention, attention separated from vigilance and each one divided into as many technical areas as the fields of specialized knowledge.<sup>13</sup> The system itself "plasters" the professionals' practice by imposing that their work must be restricted to technical norms, legislation, and ordinances, resulting in a work without creativity and innovation.

The reproduction of care practices and individual thinking ways arises when the thinking about the team's healthcare practices remains in the background or does not exist, that is, when PEH is not incorporated in the work.<sup>9</sup>

The majority of the participants carried out educational activities for the professionals of municipality units (managers, nurses, doctors, technicians) and service providers. It is possible to observe that the educative actions described are for specific training, transmitted to the target audience — a specific professional class or multiprofessional team — in the course format.

Although the inadequacy and insufficiency of the management model that trained the called "empty box" workers, which performed changes in the work process,<sup>14</sup> were considered since beginning of the SUS, almost thirty years later there is still a certain understanding and adoption of the training and qualification a "type of PEH" in the practice

of professionals who work in the management of specific policies and programs within the SUS. This fragmentation in the System can lead professionals to alienation and lack of responsibility for the results of healthcare since this way of operating the organization of the work process hinders the transformation of health practices.<sup>14-15</sup>

Thus, it is observed that the reported educational actions do not contemplate the expanded understanding of PEH adopted in this study, since they do not arise from the service's needs, and there is an expectation of the "transmission of knowledge" to the workers by courses and lectures<sup>9</sup>, ignoring the premise of the shared construction of the PEH knowledge. Despite this, the speech analysis denotes that some professionals recognize that the PEH process starts from everyday issues and team practices, not from management issues. Moreover, they see it as a powerful and essential tool for the success of the SUS management due to its collective characteristics, in other words, due to the critical-reflexive possibilities arisen from the interaction with workers having different points of view.

PEH must go beyond the technical-scientific improvement, seeking to generate changes towards the integrality and demands of the various actors involved in healthcare. Therefore, it should not be produced from a list of individual needs or management, but rather from the problematization of one's actions, aiming at the quality of care.<sup>16</sup>

Therefore, the PEH will be carried out in the institution from the identified needs and demands of the health professionals' work process in municipality units or by the deficiencies identified by the professionals (technical references) of the institution present in the reports from the municipality units. All of the SUS actors (healthcare workers, managers, and users) will participate in this shared process.

The change in the care model and health practices requires a major effort by managers and workers in order to modify the crystallized practices, considering, among other things, the potential of permanent education in this process.<sup>17</sup> In this way, the educational process to be constructed with SUS professionals should not be understood as a process that merely replaces the training gaps.<sup>18</sup> It is a permanent way for questioning healthcare practices, the work process, and the techno-assistance model, transforming health practices beyond technical-scientific or clinical aspects. It is important to emphasize that the PEH allows the professionals to question their own knowledge as he encounters different people in work, rebuilding and transforming their work process and their team in a shared way.

By implementing PEH actions, the professionals become aware of their role and importance of the service, and stop blaming others for service failures. Thus, the professionals undertake their responsibilities in the work process, not transferring problems to other professionals, managers or even the public health system, which, like any system, has flaws and changes constantly.

## CONCLUSIONS

Most nurses reported the importance of PEH as a management tool, yet they showed an incipient vision when

describing these practices as specific activities for transmitting knowledge, usually directed to a specific professional group with themes defined according to the management needs.

Nonetheless, it is known that many professionals do not act as protagonists in solving daily work issues, which requires rethinking new possibilities and strategies to encourage them to seek the qualification of their work processes. In this way, it is relevant that all professionals must be engaged in the PNEPS proposal.

One limitation of this study is that it was based on a circumscribed reality, restricting the possibility of generalizing the results. In order to strengthen the SUS as a public health policy, it is necessary that the management use permanent education as a potent strategy to promote changes in the daily work of healthcare and improve the user's assistance.

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