

Permanent health education in the work process of primary health care nurses

Educação permanente em saúde no processo de trabalho do enfermeiro da atenção primária à saúde

Educación permanente en salud en el proceso de trabajo del enfermero de atención primaria de salud

*Naiara Martins e Silva
Oliveira¹*

ORCID: 0000-0002-3104-567X

*Cícero Damon Carvalho de
Alencar²*

ORCID: 0000-0003-0353-1811

*José Benedito dos Santos
Batista Neto³*

ORCID: 0000-0003-3228-2340

*Ana Cristina Henrique de
Souza²*

ORCID: 0000-0002-8091-0789

José Adelmo da Silva Filho⁴

ORCID: 0000-0002-0261-2014

Heraldo Simões Ferreira¹

ORCID: 0000-0003-1999-7982

*Luisa Helena de Oliveira
Lima⁵*

ORCID: 0000-0002-1890-859X

*Antonio Germane Alves
Pinto²*

ORCID: 0000-0002-4897-1178

¹Universidade Estadual do Ceará.
Fortaleza, Ceará, Brasil.

²Universidade Regional do Cariri.
Crato, Ceará, Brasil.

³Universidade do Estado do Pará.
Belém, Pará, Brasil.

⁴Universidade de São Paulo. São
Paulo, São Paulo, Brasil.

⁵Universidade Federal do Piauí.
Teresina, Piauí, Brasil.

Corresponding author:

Cícero Damon Carvalho de Alencar

E-mail:

damon.alencar12@gmail.com

Abstract

Objective: To analyze the insertion of the dimensions of the quadrilateral of Permanent Health Education in the work process under the perception of Primary Health Care nurses. **Methods:** This is an exploratory-descriptive qualitative study carried out in a municipality belonging to the Macroregion of Fortaleza-Ceará. The study sample consisted of 30 nurses working in Primary Care. Data collection took place between November 2019 and February 2020, in which the semi-structured interview script was used and, soon after, the thematic Content Analysis, proposed by Bardin, was carried out. **Results:** After compiling and analyzing the narratives, they were divided into thematic units, consistent with the dimensions of Permanent Health Education (teaching, sectoral management, health care and social control) in the nurses' work process. **Conclusion:** Nurses understand the training policy with emphasis on specific, fragmented and decontextualized actions in the context of the service occurring through nurses from several higher education institutions, with no fixed periodicity to happen and no plan for this process.

Descriptors: Primary Health Care; Continuing Education in Nursing; Health policy; Family Health

Whats is already known on this?

Permanent Health Education brings as a conceptual framework a daily learning, recognizing the work environment as a place of interventions and changes in relationships, processes and people.

What this study adds?

The training of nurses happens in several ways and institutions, without a periodicity to happen, which weakens the Permanent Health Education in this process.



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Resumo

Objetivo: Analisar a inserção das dimensões do quadrilátero da Educação Permanente em Saúde no processo de trabalho sob a percepção de enfermeiros da Atenção Primária à Saúde. **Métodos:** Trata-se de um estudo de abordagem qualitativa do tipo exploratório-descritivo, realizado em um município pertencente à Macrorregião de Fortaleza-Ceará. A amostra do estudo foi composta por 30 enfermeiros que atuam na Atenção Básica. A coleta de dados ocorreu entre novembro de 2019 e fevereiro de 2020, no qual, foi utilizado o roteiro da entrevista semiestruturado e, logo após, foi realizada a Análise de Conteúdo, modalidade temática, proposto por Bardin. **Resultados:** Após a compilação e análise das narrativas, as mesmas foram divididas em unidades temáticas, condizente com as dimensões da Educação Permanente em Saúde (ensino, gestão setorial, atenção à saúde e controle social) no processo de trabalho do enfermeiro. **Conclusão:** Os enfermeiros compreendem a política de formação com ênfase em ações pontuais, fragmentadas e descontextualizadas no contexto do serviço. Ocorrendo por intermédio de enfermeiros de diversas instituições de ensino superior, sem periodicidade fixa para acontecer e ausência de plano para esse processo.

Descritores: Atenção Primária à Saúde; Educação Continuada em Enfermagem; Política de saúde; Saúde da Família.

Resumen

Objetivo: Analizar la inserción de las dimensiones del cuadrilátero de Educación Permanente en Salud en el proceso de trabajo bajo la percepción de enfermeros de Atención Primaria de Salud. **Métodos:** Se trata de un estudio con enfoque cualitativo del tipo exploratorio-descritivo, realizado en un municipio perteneciente a la Macrorregión Fortaleza-Ceará. La muestra del estudio estuvo compuesta por 30 enfermeras que trabajan en Atención Primaria. La recolección de datos se realizó entre noviembre de 2019 y febrero de 2020, en los cuales se utilizó el guión de entrevista semi-estructurada y, poco después, se realizó el Análisis de Contenido, modalidad temática, propuesto por Bardin. **Resultados:** Después de la recopilación y análisis de las narrativas, fueron divididas en unidades temáticas, consistentes con las dimensiones de la Educación Permanente en Salud (docencia, gestión sectorial, atención a la salud y control social) en el proceso de trabajo del enfermero. **Conclusión:** Los enfermeros entienden la política de formación con énfasis en acciones específicas, fragmentadas y descontextualizadas en el contexto del servicio. Ocurriendo a través de enfermeros de diversas instituciones de educación superior, sin periodicidad fija ni planificación para este proceso.

Descriptor: Atención Primaria de Salud; Educación Permanente en Enfermería; Política de salud; Salud Familiar.

INTRODUCTION

Permanent Health Education (PHE), mediated by the National Policy on Permanent Health Education (NPPHE), is a political pedagogical strategy that works with professional issues in the daily life of health services, so that the difficulties and problems of the work process are related to teaching, health care, management and popular participation.⁽¹⁾ Thus, PHE must be understood as capable of articulating the qualification and improvement of the work process at the levels of care of the Unified Health System (SUS).⁽²⁾

At the Primary Health Care (PHC) level, the Family Health Strategy (FHS) proposes that health care should be focused on the family, leading to a closer relationship between health professionals and the community, facilitating the understanding of the community's health demands.⁽³⁾ Within the scope of the FHS, it is essential that professionals remain in constant improvement and professional qualification, considering that it is a level of care that encompasses several aspects of care: care, managerial, educational, preventive, political and research.⁽⁴⁾

However, there are weaknesses and potentialities regarding the performance of educational actions in the context of the FHS health teams, and also difficulties among professionals in their routine, with regard to the experiences of PHE. Thus, identifying the facilities of the routine by the teams contributes to the strengthening of the service provider, as well as to carry out these actions in the services.⁽⁵⁾

One of the bases of PHE is the horizontal dialogue and the quadrilateral of permanent training (education, sectoral management, health care and social control). These aspects allow an attentive and active view of the work process, given the problems that emerge during work activities in the context of the FHS, as well as aligning with the perspective of strengthening care coordination.^(6,7)

Permanent Health Education proposes the incorporation of teaching-learning in health services, aiming to promote changes in educational strategies, placing the professionals as reflective and active subjects in the construction of knowledge. However, even with the challenges that surround, PHE is an indispensable tool to improve health services.^(8,9)

From this perspective, understanding the perceptions of nurses working in PHC on aspects involving PHE becomes relevant, as the PHE process is necessary for the training of these professionals, aiming at qualified assistance to the community. As well as identifying the potentialities and weaknesses involving the qualification of these professionals in their work context. Thus, the objective of this study was to analyze the insertion of the dimensions of the quadrilateral of Permanent Health Education in the work process under the perception of Primary Health Care nurses.

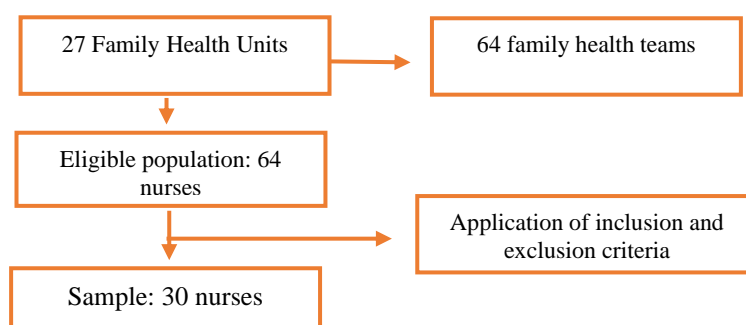
METHODS

This is a qualitative, descriptive and exploratory study. This approach was outlined by examining people's subjective understanding of their daily lives ⁽¹⁰⁾. The Consolidated Criteria for Reporting Qualitative Research (COREQ) tool ⁽¹¹⁾ was used to build the study and guide the methodology.

The study was carried out in a municipality belonging to the Macroregion of Fortaleza-Ceará. The municipality's health system has, within the scope of the PHC, 64 Family Health teams, distributed in 27 Family Health Units (FHU), which were the research scenario.

During the data collection period, the municipality had 64 nurses inserted in the FHU. For participation in the study, the eligibility criteria were established: active registration in the National Register of Health Establishments, experience of more than two years at the FHU and being present at the service during the data collection phase. Exclusion criteria were nurses taking maternity or medical leave and on vacation. Due to the established criteria, 30 nurses were included in the study. The process of inclusion and exclusion of the sample is described in figure 01.

Figure 1. Flowchart with the sample selection process. Crato-CE, 2024.



Source: Prepared by the authors.

Data collection took place between November 2019 and February 2020. The semi-structured interview method was used for collection. The methodological option for interviews was based on the need to map practices, beliefs, values and classificatory systems of specific social universes, collecting evidence of the ways in which each of those subjects perceived and gave meaning to their reality. It was possible to collect consistent information that allowed us to understand the logic that governed the relationships that were established within the group.

The interview script was semi-structured in order to understand a set of questions with the objective of collecting information about facts, opinions, which express the dimensions of the study distributed in two parts: the first with the profile of the nurses (sex, age, time of training, time of experience in the FHS of the municipality, area of specialization, employment relationship and Health Surveillance Area of activity), while the second part contains the aspects considered most relevant to meet the objectives: understanding of the nurses about the target audience of the training processes of PHE and continuing education, the objectives, teaching method and periodicity, and contributions of the PHE Policy of the municipality aimed at the training/work quadrilateral of the training (education, sectoral management, health care and social control) of the FHS Nurses.

The data collection procedure began contacting the participants during work activity, in periods of lower flow of users in the units. On the day they were approached, they were informed about the objectives and invited to voluntarily participate in the research. After accepting the invitation, a day was scheduled for the interview, so as not to interfere with the work dynamics at the FHU. On the day of the interview, before starting, the individuals received the informed consent form, which was read together with the researcher. After clarifying doubts, the term was signed, leaving one copy with the individual and one copy with the respondents.

The interviews were carried out in the nursing offices at times free from interference by third parties, guaranteeing the interviewee's privacy, with a mean duration of 20 minutes each and were recorded on a mobile device, as authorized by the respondents and later transcribed. During the interviews, the researcher adopted a stance of impartiality, avoiding issuing opinions on the information obtained.

There were no refusals or withdrawals from participation, data collection ceased at the time of theoretical saturation, which in qualitative research is essential for finalizing the recruitment of participants and defining the sample.⁽¹²⁾

Content Analysis, a thematic modality, was used to interpret the data, as it is considered an appropriate research technique to describe qualitative investigations in health. Operationally, the three stages were followed: pre-analysis, exploration of the material and interpretation.⁽¹³⁾

The categories of thematic analyses emerged through the dimensions of PHE in the nursing work process in the municipal context were: teaching component (training and protocol updates of the Ministry of Health; referring to the lines of care of the FHS; variable periodicity; diversity of institutions; unknown teaching method); sectoral management component (insufficient involvement of the PHE team); health care component (greater investment of management in courses/training with different approaches; acquisition of new knowledge for safe nursing conduct); social control component (precarious social participation).

Regarding ethical issues, the research was approved by a Research Ethics Committee, under opinion number 3,541,881. To enter the field of investigation, we presented the document to the PHC Coordination of the municipality, in order to obtain authorization to collect the data. It is pointed out that the entire research sample agreed to sign the informed consent form.

RESULTS

After compiling and analyzing the data, they were divided into thematic units, referring to the perceptions of PHC nurses about the insertion of PHE in their work process in the municipality. Thus, these units are presented according to the quadrilateral of permanent education (*education, sectoral management, health care and social control*).

As for the characterization of the participants, 93.33% are female, 56.67% in the age group between 30 and 39 years, 70% of the participants with time working in the service between two and seven years, predominance of 100% of commissioned positions and only 30% have specialization in the family health area.

Teaching component

In the *teaching* component, the thematic unit *teaching strategies proposed by the municipality's PHE* were perceived in a higher frequency of speeches by nurses, generating the category *Training and protocol updates by the Ministry of Health*, and all focused on technical-scientific issues involving the lines of care of the FHS:

"Permanent health education sporadically are courses focused on each specific theme or when there is an update of the MH protocol, but... only... there is no permanent thing by the municipality (Nurse 7)

Training, we are very qualified... we are in the month of leprosy, so the municipality calls the nurses, physical therapists, physicians and everyone is trained to be well prepared to be able to reach your unit and put it into practice. The secretariat develops a lot of training here for us, always develops a lot of training (Nurse 14)

Thus, we found in the view of the primary care nurses who participated in the study that the PHE strategies aimed at the work process in which they are inserted are associated with the training and protocol updates of the Ministry of Health.

The categories of thematic analysis mentioned by the nurses referring to the thematic unit *permanent training received and correlation with the daily work* was the category *lines of actions/care of the FHS*, as described:

[...] in relation to the mental health course, we had a large number of consultations in this period... an update in therapeutic conduct in the treatment of acquired or congenital syphilis, which has a correlation with our reality (Nurse 10)

I have already participated in a course on Adolescent Health, STIs, Syphilis during pregnancy, on basic actions in leprosy... nowadays much less, about five years ago I participated too much in courses... usually they are focused on our practice according to the demand of the service (Nurse 12)

For the participants, the permanent training received in their work environment is linked to courses that address the care actions provided to the population, according to the demand of the service, such as: updating on therapeutic conduct in the treatment of STIs, rapid tests, vaccine room, school health program, leprosy, tuberculosis.

Regarding the *periodicity of the courses*, most of the interviewees commented that there is no certain period to happen, with the variable *periodicity category* emerging, as described:

[...] there is no fixed periodicity, according to what is emerging the demand in the municipality... previously there was a greater periodicity, today it is a little more difficult... (Nurse 19)

[...] most of them are all about monthly, a matter of 5 days, 10 days. But so, the right period does not have, it is when they think it is necessary" (Nurse 25)

The periodicity of PHE strategies does not follow a standardized flow. Some report that the training should occur according to the needs of health professionals, while other nurses stated that the ideal would be quarterly, semiannually or annually.

From this perspective, we can infer that this group of nurses does not recognize the existence of the work plan in PHE that defines all the actions that will be carried out during a certain period in the training processes.

As for the thematic unit *training institutions* linked to the municipality, the following can be observed through the reports of the nurses: University of International Integration of Afro-Brazilian Lusophony (UNILAB), School of Public Health of Ceará (ESP-CE), Fametro University Center (UNIFAMETRO), Municipal Health Secretariat (SMS), State University of Ceará (UECE), Maurício de Nassau University Center (UNINASSAU) and Estácio do Ceará University Center (ESTÁCIO). Following are the narratives raised:

[...] November and December of last year, the college sent us a professor from UNILAB to offer leprosy training (Nurse 2)

The School of Public Health, FAMETRO, also has UNINASSAU, UECE. So there are several institutions, the municipality is well received and does not have a fixed institution (Nurse 14)

[...] I don't know who the institution itself is. They send the programming and there is a teacher there who teaches... the last one they had, it was from UECE, it was a teacher from UECE, but it always varies, because as they have ties with several institutions they articulate between them, I do not know (Nurse 27)

There is a diversity of educational institutions involved in the training strategies of health professionals who work in the primary care service of the municipality. In other words, it can be said that there is no fixed institution linked to the training process of nurses working in the FHS service.

The interviewees' understanding of the *Methodology adopted in the courses* offered by the PHE of the municipality in the vast majority does not corroborate what is found in the literature. It becomes clear the methodological assumption proposed in the 2018 Technical Manual, which deals with the PRO PHE-SUS to strengthen the practices of Continuing Education in the SUS, the adoption of meaningful learning during the actions carried out within the scope of the services, the problematization, as well as the reflection on aspects related to work. We highlight the lack of clarity that the nurses in the study have regarding the theme:

Lectures, dynamics and always gave some text to answer, to talk about each case (Nurse 2)

Slides, pamphleteering, demonstration of materials (Nurse 8)

I do not know the history very well, Slides (theoretical part) guidance, vaccination calendar sheets, a little traditional, but had case resolution as well (Nurse 11)

The thinking expressed by the nurses in the research brings to light the lack of knowledge they have about the methodology adopted in the qualification courses proposed by the institutions involved in the permanent training process. It was understood that the subjects are able to express the characteristics adopted during the training, but they were unable to name the method adopted in the training processes, demonstrating a gap to be filled with PHE activities that can instruct these professionals.

Sectoral management component

As for the *sectoral management* component, the thematic unit *participation of the PHE team in the meetings of the family health team* evidenced through the participants' statements the thematic analysis category *Insufficient involvement of the PHE team* declared in the following records:

No. We felt this absence/ little presence of management in participating more actively with the family health teams within the units, which would be very important this partnership, exchange of information (Nurse 10)

No. From the time of service that I am here, from the team meeting, we do not give a return because we have a meeting book, when we pass the information to the team, but those responsible for the service provider company do not participate... (Nurse 11)

We noticed through the speeches of the subjects the need for interaction and support from the municipal management regarding the involvement in the collective issues related to the daily work of the family health teams.

Health care component

The findings regarding the Health Care component showed through the thematic unit *important actions on permanent qualification in view of the daily needs of the service*, the thematic analysis category: *greater investment of management in courses/training with different approaches*, following the nurses' thinking is expressed:

[...] more management support for courses, focused on the services requested from us. When I joined the FHS, there were more courses in partnership with the state secretariat. Today we don't go anymore, because management says they don't want professionals outside the offices... (Nurse 7)

Courses and training with the approach of several themes... there should be more periodic training/courses from the municipality for the professional to provide assistance with higher quality (Nurse 10)

The need to participate in more training promoted by the municipality and focused on the area of activity is a common feeling among professionals, as they consider that there is a deficit in investment related to PHE strategies.

A greater investment in qualifications in the area would bring better results in patient care. Once again, it is necessary to reflect critically on the subject: is the focus of the needs expressed by the participants based on the understanding they have about PHE? Are there gaps in teacher training that provide permanent education for professionals?

The thematic unit related to *the influence of permanent education in nursing practice* was: *acquisition of new knowledge for safe nursing conduct*. Below is the nurses' perception:

Improvement of knowledge, better and safer conduct, although we always continue studying when we receive support from management, we can work in a unified way when all teams participate, everyone is having the same conduct (Nurse 7)

This certainly influences us to have a better response to our users, a more correct conduct, without a doubt, an even direct response to the users (Nurse 16)

[...] when I joined, there was training on crack, licit and illicit drugs, it was so much knowledge, so much baggage that was good for the curriculum, but for your knowledge

it is much more, but this was at the beginning, the municipality could worry more, could see this issue more, would earn more (Nurse 18)

Considering that nurses in their work process substantially value the acquisition of knowledge to develop a safe care practice, we once again corroborate the idea of continuing education understood as permanent education. In this sense, we also noticed the professional interest in training related to the specific themes of the area and that bring benefits to the curricular performance, without any evidence of desire to face the problems of the work process and elements for meaningful learning that promote institutional changes.

Social control component

The frequency of speeches on the thematic unit *participation of service users on coping with the problems of the unit* we investigated the category of thematic analysis *weakened social participation*, as we can see in the testimonies:

[...] the population is far below social participation in the community, we work according to the need that the community presents to us, but not directly... there is even a health council, every month we have a meeting, everyone participates, but the community does not participate (Nurse 7)

In no way, it is not shared, ah, only if it is the question of the ombudsman, because otherwise, it is not (Nurse 9)

[...] there is the issue of CONVISA that the population exercises social control, but it must be worked more, the population must be more inserted in this context of health and education, but I think this is a work that has to be done every day... but that still needs to walk a little more (Nurse 12)

[...] this issue is much more at the level of health councils, which must have users inside to represent the others... we cannot have this total interaction for a matter of time (Nurse 16)

No. The health department itself doesn't listen much to employees, they are very influenced in the case of a complaint, something, but in order to be within the community and know what the community needs, they don't listen. (Nurse 17)

Nurses refer to inefficient social control in the context of the work process. Community involvement with public health issues is not exercised in the researched scenario. Some participants mentioned the existence of a municipal Health Surveillance Council, a favorable place for the performance of social participation, but highlighted the fragility with regard to the involvement of users with community problems.

DISCUSSION

It is necessary to understand the concept formulated by the National PHE Policy on issues related to the training of health professionals: the first question reveals that not every training action implies a process of permanent education, although it aims to improve the performance of personnel, that is, these actions do not aim at a strategy of institutional change; the second question tells us that permanent education, which can include specific actions to train professionals, can be carried out by specific groups, as long as they are in accordance with institutional change; the third question concerns the importance of elaborating, designing and executing.⁽¹⁴⁾

The study revealed characteristics restricted to permanent education received by professionals, showing that the current model of permanent education of the municipality does not make clear the objectives proposed by NPPHE. Even if there are professional practices that perpetuate the traditional teaching model, it is relevant to appropriate the use of technological resources and reflective practices in the workplace or that integrate teaching-service in PHE initiatives. So that the change in professional practices occurs, bringing them closer to the real context of PHE, expanding the professional performance and qualification of health services.⁽⁴⁾

In the present study, the participants listed as problematic the irregular periodicity of permanent education actions. By considering PHE as a strategy inherent to the health work process and recognizing the need to promote institutional initiatives to strengthen the transformation of professional practices, the Ministry of Health used PRO PHE-SUS, a program that aims to present technical guidelines for the development of actions, facilitating the execution of PHE activities in municipalities. The determined period in which the actions must be carried out will be continuously as part of the requirements set forth in the technical manual for the construction of the municipal service provider's PHE work plan, among other instructions.⁽¹⁾

In addition to managers, health professionals, and the population, educational institutions occupy an important space regarding the training and development of health workers, establishing the necessary link to the PHE process since they act in a reflective, participatory and continuous way, focused on local needs, services and people in improving the quality of the health system.⁽⁴⁾

Another problem observed in this study concerns the methodologies used at the time of permanent education activities: professionals were unable to limit the methods used. PHE understood as a teaching strategy that aims to transform health practices with the intention of breaking with traditional teaching models and betting on methodological assumptions that favor personal, social and cultural development, centered on the teaching-learning processes, whose purpose is the subject himself to be the main actor of the formative process.⁽¹⁵⁾

The Active Methodologies serve as instruments that help in the transformation of professionals by generating autonomy for the subjects, capacity for self-governance in their training process and means to provide a problematizing qualification that values the dialogue that recognizes the reality of which they are part.⁽¹⁶⁾ Thus, the methodological assumption that underlies the PHE teaching-learning processes enables subjects to exercise a more active, autonomous posture in the face of the situations presented in the day-to-day service, allowing them to expand their personal, social and cultural development.⁽¹⁵⁾

The study showed that there is a failure in the participation of the municipality's PHE team in workers' meetings. In view of this, it is essential to reestablish the central idea in the formulation of NPPHE, which concerns circular and horizontal movements of dialogue, surrounding teaching, management, care and social control, both as segments that think, propose and execute in educational actions, as well as subjects committed to the process of teaching, managing, caring for and participating in health.⁽¹⁷⁾

Considering the fragility in the involvement of the permanent education team (representatives of the sectoral management of primary care) in the work process of nurses, PHE is seen as an intervention, with a set of actions that can encompass in its process several possibilities of training and development, however, it is necessary that these practices are based on a broad and sustainable project.⁽¹⁸⁾ As long as they are in line with the general organizational change plan, and thus be directed to specific groups of workers.

Among the challenges that compromise participatory governance are the relationship of dependence with the government and the state for policy definitions, the lack of financial autonomy, with little margin in municipal management to meet the demands of the population and establish public policies appropriate to the local reality and the lack of political will to institute a participatory management model.⁽¹⁹⁾

Through the interviewees' statements, weaknesses were identified in relation to social participation in health service practices. The participation of all actors involved in SUS is fundamental within the context of the political dimension of health work and its effectiveness depends on work arrangements, power relations, manageable conflicts and signed alliances, as well as stimulating autonomy and creativity to overcome existing problems.⁽²⁰⁾ The empowerment of social actors linked to SUS through popular participation, associated with the qualification of health management and improvement of professional training contribute to changes in the health field.⁽²¹⁾

In a study on health councils and the publicity of SUS management instruments, it was concluded that citizen participation within the health system offers access to open information so that decision-making power can be shared and damages are minimized.⁽²⁾ A greater role of users in the participatory democracy of health councils is necessary to avoid the weakening of the collegiate body and public health policies.

In turn, the quadrilateral of health training (education, sectoral management, health care and social control) proposes interactive processes of actions with the purpose of operating changes, involving individuals, collectives and institutions. Thus, a possibility of innovation and (re)organization of care provided through PHE emerges for nursing, which reinvigorates professional skills.^(23,24)

Moreover, when dealing with this theme from an international perspective, there is no global consensus on the perception of nurses regarding continuous professional development (CPD). As NPPHE, the CPD is fundamental in the professionals' learning process in the course of their work, promoting updated skills and knowledge, therefore, both are equal in their objectives.^(25,26)

The participation of nurses in the CPD may be mandatory or optional; in the USA, Belgium, Spain and Australia this training is required by professionals. However, in Sweden, the Netherlands and Ireland, participation is voluntary. It is worth noting some aspects that interfere with CPD such as: lack of funding, time to study, workload, relationships between the team and lack of support from managers. Some of these barriers can be identified in the process of conducting the PHE.^(26,27)

There are distinctions between the needs and expectations of the CPD (PHE) in the professional development of nurses, regardless of their country of operation. Therefore, policy makers involving the theme and stakeholders should implement strategies/actions to support the training process of nursing throughout the project, and thus minimize barriers in education.⁽²⁵⁾

When protagonism, the autonomy of members and the community are encouraged, in addition to teamwork, the possibilities of strengthening the construction of participatory, dialogical management, with a critical look at the local contexts of family health work, are expanded.

The limitation of the study is related to the fact that it was carried out with nurses working in PHC in a single municipality; therefore, the results cannot be generalized, since the outcome found concerns a specific group and reality.

Thus, it is expected that this study will contribute to the reflection, scientific development in the area of permanent education aimed at Primary Health Care nurses and that health institutions design their own in-service training path based on NPPHE.

CONCLUSION

Nurses understand the training policy with emphasis on specific, fragmented and decontextualized actions of the daily life of services close to the traditional model of health education that meets the requirement of sequential and cumulative acquisition of technical-scientific information/knowledge by the worker: continuing education.

A permanent training in health offered to nurses by educators from various educational institutions stands out, with no fixed periodicity to happen, leading us to believe in the absence of a PHE Plan aimed at professionals. We emphasize a management model characterized by insufficient actions to meet and cooperate with the demands of professionals in service. However, the quadrilateral of health training (education, sectoral management, health care and social control) is an important tool in improving the skills of nurses, which has repercussions on quality and coherent care. Thus, actions to improve this policy are relevant.

The proper understanding of conceptions in relation to permanent education needs to be explored to contribute significantly to the awareness of professionals, expanding possibilities for conducting a practice with a critical sense and meanings.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Oliveira NMS, Pinto AGA. Contributed to data collection: Souza ACH, Alencar CDC, Batista Neto JBS. Contributed to the analysis and/or interpretation of data: Pinto AGA, Oliveira NMS, Silva Filho JA. Contributed to article writing or critical review: Ferreira HS, Lima LHO. Final approval of the version to be published: Pinto AGA, Oliveira NMS.

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