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# Permanent Education in Family Health Units: comprehension of the multiprofessional team



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**Abstract**

In Brazil, Permanent Education in Health was established by the National Policy of Permanent Education for Social Control in the Unified Health System (UHS); this strategy advocates the development and training of health professionals. This study aimed to characterize the activities developed and the understanding of Permanent Health Education in the Family Health Units by the multiprofessional team. This was a qualitative study whose data were collected with 50 professionals from the teams of 12 Family Health Units (FHU) in the city of Assis in the interior of the State of São Paulo through semi-structured interviews and were submitted to Content Analysis, by a Thematic modality. The analysis of the nuclei of meanings of the data obtained in the interview showed two thematic categories: a) Activities of Permanent Education in Health - home visits, team meeting, guidelines on procedural techniques in different places of care, and the absence of activities; and b) Understandings of Permanent Education in Health - regular meetings of the team to work on teaching in healthcare, learning from the difficulties to build new knowledge, joint discussion to solve people's health problems, and the continuous monitoring of current diseases. There is a clear need for new studies to complement and contribute to the expansion of knowledge for the incorporation of PHE in the practice of care developed by the multidisciplinary teams of the FHU.

**Keywords:** Continuing Education. Professional Education in Public Health. Patient Assistance Team. Family Health Strategy. Unified Health System.

## INTRODUCTION

Permanent Education (PE) emerged in France in 1955 and was recognized through a document prepared by the secretary of education with the aim of reforming and extending public education. In the 1980s, the Pan American Health Organization (PAHO) took advantage of the original concept of education for the field of healthcare, as Permanent Health Education (PHE) and is disseminated through the PAHO Human Resources Development Program[1].

In Brazil, PHE was established as a strate-

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gy of the Unified Health System (UHS) with the aim of developing and training healthcare professionals. Thus, strengthened through the National Policy on Permanent Education in Health (NPPEH) in accordance with the Organic Health Law 8.080/90, by Ordinance GM/MS No. 198/2004 of the Ministry of Health (MH)[2,3,4].

Health services have been developing an understanding of the concept of PHE. The MH considers PHE as learning at work, in which teaching and learning are incorporated through the activities carried out, taking into account significant learning, with the objective of transforming the local reality and the practices developed by healthcare professionals and institutions[5].

PHE is based on the precepts of meaningful learning and problematization, as it relates to teaching, work, and health. Thus, it becomes an indispensable tool that transforms work processes in health institutions[6].

Meaningful learning is a concept that comes from a theory of educational thinking known as constructivism, in which new knowledge is articulated in a non-identical and random way to the cognitive condition of the human being, causing existing knowledge to interact in a significant way with the new knowledge presented to them, causing changes in their cognitive condition[7,8].

In addition, PHE stands out for being a health education strategy with a view to the needs of the population, characterized as a transformative and participatory management process, including educational institutions, managers, workers, and users, which configure the "quadrilateral of training"[9].

The quadrilateral of training for the healthcare area involves ethical, aesthetic, technological, and organizational aspects, which develop correspondences through continuous, contextualized, and evaluated acts. It presents proposals to organize and build an education that is responsible for interactive processes and with the practice of making changes (desire for the future), stimulating paths (deciding and negotiating processes), inviting protagonists (pedagogy in act), and identifying the landscape that interacts and moves individuals, the community, and organizations through scenarios of creations and knowledge (continuous cartography)[10].

It is worth noting that the Family Health Strategy (FHS) was created in 1994 covering the doctrinal principles of the UHS: Universalization, Equity, Integrality, and the organizational principles that refer to: Regionalization and Hierarchy, Decentralization and Single Command, and Social Participation as a proposal of change in the traditional model of healthcare. And each Family Health Unit (FHU) is composed of a multidisciplinary team, containing: a general nurse specializing in family health; a general practitioner specializing in family and community medicine; a nursing assistant and/or technician; and community health workers. Mental health professionals, a general dentist with a specialization in family health, and an oral health assistant or technician can be added[11,12].

Thus, each municipality with its FHU needs to provide and develop PHE activities, respecting the specific needs and possibilities, with general processes and guidelines for all Primary Health Care (PHC) teams in the municipality[13].

The PHE must be understood as a strategic resource for the management of work and health education, enabling the organization of training and continuous development of workers, while it seeks to promote not only the updating and transmission of new knowledge, but also guides their actions towards mobilizing its transforming potential in their daily work[4].

The PHE seeks to develop educational activities by problematizing the work scenario,

highlighting the micropolitics of live work, having the need to identify the educational activities that are being developed in the UHS, giving them the chance to reflect and intervene in the work process, starting from a pre-existing situation with the purpose of overcoming, changing, and transforming[14].

Considering the social relevance of PHE for the quality of healthcare and the empirical observation of the conceptual uncertainty that healthcare teams find in the development of their activities in their daily work, this study started from the following guiding question: What are the activities and understanding of the multiprofessional team on Permanent Education in Health developed in the Family Health Units?

The objective was to characterize the activities developed and the understanding of PHE in the FHU by the multiprofessional team.

## METHODOLOGY

The present study followed the paths of the qualitative approach, which analyzes the universe of meanings, motives of human relationships and phenomena that cannot be subjected to the operations of variables[15,16].

All 69 professionals from the teams of 12 FHUs in the city of Assis, in the interior of the State of São Paulo, were invited to participate in the research, 36 of them graduates (characterizing 100% of professionals) and 33 non-graduates by intentional sampling[17].

For data collection, semi-structured interviews were developed, using a script containing sociodemographic data and a guiding question. The interviews were recorded and transcribed, with an average duration of 07 minutes and in the participants' work environment. Due to the limitation imposed by the COVID-19 pandemic, 15 interviews were carried out by call via the WhatsApp application, from July to August 2020.

The collected data were submitted to the Content Analysis Technique, by the Bardin Thematic modality[18]. Content Analysis refers to "a set of communication analysis techniques aimed at obtaining, through systematic and objective procedures for the description of the content of messages, indicators (quantitative or not) that allow for the inference of knowledge related to the conditions of production/reception (variables inferred) from these messages[18].

To perform the analysis, the rules indicated by Bardin[18] were respected, homogeneity – the data will be obtained in the same way; completeness - without omissions, the data will be exhausted in its entirety; exclusivity – randomly, the same element will not be classified in more than one category; objectivity – the results must be the same, even with different modifiers; and relevance – documents will be adapted to the content and purpose[19].

Content Analysis, in the Thematic modality, seeks to know what is behind the words that are related and makes it possible to analyze different realities by identifying the nuclei of meaning of the messages. It is carried out by three chronological poles, which are organized into: Pre-analysis, Exploration of the material, and Treatment of results, inference, and interpretation[18].

In the presentation of the results, ethical aspects were ensured, and the participants were coded as follows: CHA – Community Health Agent; AOH – Assistant in Oral Health; NA – Nursing Assistant; NUR – Nurse; DENT – Dentist and followed by its increasing numerical sequence.

This study was approved by the Ethics

Committee in Research involving human beings, under the opinion number 4.105.188 and the Certificate of Presentation of Ethical Appreciation (CAEA) 26595119.7.0000.5413. Furthermore, the participants were informed about the study, as well as its objective, and signed the Informed Consent Form (ICF) before data collection.

## RESULTS

Of the 69 professionals invited to participate in the interviews, 50, nine graduates and ten non-graduates refused to participate in the research. Sociodemographic data showed a predominance of females (86%), aged between 43 and 53 years (42%); prevalent schooling was a higher education (58%); and 30% with Lato Sensu Post-Graduate studies in some area. As for the time working in the FHS, 38% were up to ten years.

The analysis of the nuclei of meanings of the data obtained in the interview showed two thematic categories: a) Activities of Permanent Education in Health; and b) Understandings of Permanent Education in Health.

### a) Permanent Health Education Activities

The analysis of the core meanings of the participants' speeches elucidates the PHE activities developed in the FHU: home visits, team meetings, guidelines on procedural techniques in different places of care, and the absence of activities.

> Permanent Education in Health, waiting room, guidance both here and in commercial establishments, schools, jobs, and we make a lot of groups. (CHA7)

> Yes, here we hold team meetings, home visits, and case discussions to improve. (NUR8)

> Dressings, home visit, medication administration, pressure, blood glucose test, vaccine, that's all. (NA5)

In contrast, there were manifestations of the non-existence of PHE activities at the FHU.

> We do not have any Permanent Education in Health activities. (CHA1)

> Before there was [when he worked at another health unit], I worked with a doctor who gave us Permanent Education, so each week he developed a theme and covered several areas. (OHA6)

### b) Understandings of Permanent Education in Health

Regarding the understanding of PHE, the participants reported: regular meetings of the team to work on teaching in healthcare, learning from the difficulties to build new knowledge, joint discussion to solve people's health problems, and regular updates of current illnesses.

> They would be the meetings of our activities where we would continue working on health in a regular way and working on teaching within healthcare. (NUR6)

> It is from the problems and difficulties that are detected on a daily basis that we learn, teach, and apply new knowledge in daily work practices. (CHA3)

The patient arrives here and he has a problem that the doctor and I cannot solve, we will discuss the case with my team and try to find a solution. (OHA2)

It would be the case of all diseases, treating all people who have hypertension, diabetes, and mental health. All people who need continuous monitoring from all healthcare professionals. (CHA7)

Be attentive to new things that arise and always attentive to patients. (NA5)

## DISCUSSION

In the first thematic category of PHE activities, the participants highlighted among the activities of the FHU: home visits, team meetings, guidelines on procedural techniques in different places of care, and the absence of activities.

This finding partially demonstrates the proposal of the Family Health Strategy, which indicates the need to rethink PHE for healthcare workers, in a collective construction.

It is important to highlight that PHE can develop a pedagogical harmony through problematization in different healthcare work scenarios, enabling the construction of care, listening and treatment, that is, mediated learning from individual and collective experiences. From this perspective, PHE is inserted into an educational model capable of impacting the actions of healthcare professionals[20].

In this context, it is worth highlighting the micropolitics of live work, in which healthcare production is developed at the exact moment when human work is performed, and which establishes the production of care[21].

In this sense, Anna and Hennington[22] indicate that health activity is marked by production and care - resources and goods - that address needs, whether of the professional, the user or the service, and that is centered on work and has technologies of action that are characterized in processes capable of intervening in the acts that execute the relationships.

In the speech of the participants, the absence of PHE activities during the healthcare provided in the work setting was also demonstrated. The literature points out that PHE needs to be structured through educational activities that allow for reflection and problematization of the reality of healthcare services, with a view to meaningful learning. Furthermore, PHE activities should also include the participation of users, the resolution of problems encountered in the work process, the insertion of academia, and new technologies[23].

Thus, it would be necessary for health institutions to make some changes in relation to educational processes so that PHE becomes a reality, and it is essential to overcome the pedagogy of banking education through action-reflection-action, in which Freire highlights the individual as protagonist in the construction of knowledge[5].

In this perspective, PHE would be based on Active Teaching Methodologies, that is, it does not use the method of transmission and transfer of knowledge, but in its construction, considering the individual at the center of the teaching and learning process[24,25].

It is worth mentioning that PHE activities should not be understood as something more to be done or additional work but can be developed as a motivational strategy for workers in their workplaces[24].

In the second thematic category, the parti-

cipants demonstrated an understanding of PHE such as: team meetings to work on teaching and learning based on everyday difficulties, solving people's health problems, and regular monitoring of current diseases, aiming to build new knowledge for the adequacy of professional practice. These data demonstrate that PHE is linked to the practice of care and collective learning.

The PHE is a public strategy present in the management of the UHS, and the National Health Council points out the educational activities capable of articulating participation, management ,and training: (I) – holding conversation circles that enable discussions about daily work, such as: protocols, routines, management articulation, care networks, social control, and intersectoriality; (II) - support in a participatory way the local, regional, and health actions; formalize Telehealth activities; (III) - build parameters that allow participation in training projects so that there is a return to the teams' daily work; (IV) - hold discussions in a qualified manner on the principles that lead teams to dialogue about the activities carried out in healthcare, supporing the institution and matrix support; (V) - provide social control and popular participation; and (VI) - allocate pedagogical and didactic resources to health services[24]. In this sense, the results of this study point to the need to expand PHE activities according to the recommendations of the National Health Council.

It is worth noting that PHE activities need to be carried out and understood as learning at work, incorporating teaching, learning in the daily life of the FHU and the relevance of using Active Teaching Methodologies in PHE as an important tool that considers the professional protagonist in the work process.

PHE has undergone changes concerning healthcare services' understanding of it through NPPEH, due to the peculiarities of each region and the need for personal development and training[26].

The understanding of PHE by the participants of this study indicates a learning process that provides the construction of knowledge through the situations present in their daily work, seeking to solve existing problems. Scholars point out that PHE needs to be understood as a strategy that transforms the work process, developing new models of healthcare. In this sense, it may be essential for the quality of services, in line with the principles and guidelines of the UHS[27,28].

In the context of UHS, PHE needs to be developed in a decentralized, transdisciplinary, and increasing manner, as it is capable of providing learning; institutional democratization; the ability to teach; creativity in confronting health situations; and regular improvement in the care process, as well as in the construction of humanized, critical, and ethical practices[10].

In addition, the PHE work process is also understood as a participatory object of active reflection by workers, with the objective of understanding and questioning, individually and collectively, their own actions based on their practices, understandings, and realities, constituting the educational processes that happen in relationships, which is a strategy through the micropolitics of healthcare work[29,30].

Because it builds learning in the daily work, PHE needs to be understood as an indispensable strategy in the development of activities carried out in health institutions[31].

Finally, the PHE needs to take into account the multidisciplinary teams that work in the UHS, acting in an interdisciplinary way in the face of the difficulties contained in the reality of team practices. It may add to the work organization, providing confidence between professionals, users, managers and academic institutions, supporting individual and organizational development[2].

## CONCLUSION

Considering the research objective, it was possible to characterize the activities developed and the understanding that the FHU teams have about PHE.

Regarding the activities developed, care at home, the importance of team meetings, and user guidance were mentioned as a priority. They also indicated the absence of PHE activities in their daily work.

Regarding the understanding of PHE, the participants pointed out the importance of teaching and learning in a team through active methods and the resolution of problems found in the FHU.

There is a clear need for new studies to complement and contribute to the expansion of knowledge for the incorporation of PHE in the practice of care developed by the multidisciplinary teams of the FHU.

Furthermore, what would be the stimulating strategies in the implementation and appreciation of PHE in the FHU, without it being considered as an addition of work for teams that are already overloaded?

**Author statement CRediT**

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