


## Permanent health education: Potentials, challenges and trends for the work process

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### ABSTRACT

The objective of this study is to describe how the process of reorganization of work and health planning permeates the results in the quality of health education and prevention. The study method of a theoretical, qualitative nature was sought, seeking a review of the literature, where the deepening of the knowledge related to the theme can be presented. The following inclusion criteria were considered: studies derived from research, original articles, and literature reviews that addressed the concept of EPS and its development in PHC in Brazil, in the Portuguese languages, from 2017 to 2023. The survey took place in November 2023 and December 2023. It is concluded that it is important for the EPS to develop strategies for dialogue with the population, in order to understand the desires, whether in the individual or in the collective, promoting education, guided by prevention and health promotion, a collaborative, problem-solving and effective work.

**Keywords:** Health, Quality of education, Health prevention.

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## INTRODUCTION

According to history, in Brazil, the ordering of training and the development of human resources in the area of health was regulated by the Unified Health System (SUS) through the Organic Health Law. (Brazil, 1990) The National Policy for Permanent Education in Health (PNEPS) was formalized by the Ministry of Health through Ordinances No. 198, of February 13, 2004, and No. 1996, of August 20, 2007, and its implementation process depended on several actions, discussions, and strategies developed in Brazilian states and municipalities (Brasil, 2004; 2007).

The Unified Health System (SUS) requires health professionals to be committed to the doctrinal principles of universality, equity, and comprehensiveness. The strengthening of the SUS has been demonstrated by policies that reorient training and work, which historically seek to circumvent the obstacles that hinder the correct functioning of the system according to its principles (KODJAOGLANIAN VL and MAGALHÃES PM, 2019).

In view of the context studied, it is emphasized that Permanent Education in Health (PHE), inserted by the Ministry of Health as a health policy in Brazil through Ordinances No. 198/2004 and No. 1,996/2007, aims to guide the training and qualification of professionals inserted in public health services, with the purpose of transforming professional practices and the organization of work based on the needs and difficulties of the system (Ministry of Health and Education). of Health, 2009).

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It is noteworthy that the production of knowledge about EPS has been fundamental for the reorganization of work processes and health planning, among other factors, which characterize the relevance of this article. Still, in view of the scope of studies in a nationwide database on EPS and the implementation of the Permanent Education Policy in the Brazilian states and their municipalities, it is important to know their practices. In this way, it is possible to make a situational diagnosis regarding new trends and challenges of the EPS policy in Brazil.

## METHODOLOGY

This is a theoretical, qualitative study, seeking a literature review, which aims to gather information pertinent to the researched object in order to contribute to the deepening of knowledge related to the theme.

For the selection of works, the following inclusion criteria were considered: works derived from research (monographs, dissertations, theses, original articles and literature reviews); works that



addressed the concept of EPS and its development in PHC in Brazil; studies whose objectives referred to EPS initiatives developed in PHC; and studies on perceptions regarding the change in professional practice based on these initiatives.

The survey included works published in the Portuguese languages, in the period from 2017 to 2023. The literature search and the selection of publications were carried out by four researchers independently, between November 2023 and December 2023.

Regarding the databases, the publications were collected from the Virtual Health Library (VHL), which brings together scientific journals and periodicals, and the following databases were also searched: SciELO (Scientific Electronic Library Online); electronic database of theses and dissertations of BDTD (Digital Library of Theses and Dissertations); Google Scholar; and Scopus (SciVerse Scopus).

## **THEORETICAL FRAMEWORK**

### **POTENTIAL OF CONTINUING EDUCATION**

Continuing health education emerges as a fundamental approach to improve the knowledge and skills of professionals, ensuring the provision of quality services in a scenario of constant transformations (Ministry of Health, 2006).

In view of the rapid technological evolution, the changes in health policies and the diversification of society's demands, it is essential to understand and analyze the potential of continuing education in health as an effective strategy to face contemporary challenges at work (Freire, 1996; Perrenoud, 2000)

According to Santos et al (2021), EPS is seen as an innovation in educational practice, enhancing teaching-learning in services, with the aim of making professionals reflective and active actors in the construction of knowledge, making learning meaningful according to the reality of each subject involved in the process, thus making their knowledge as prior to the performance of daily activities.

One of the potentialities of continuing education in health in the work process is the recognition of work as a source of knowledge, as a construction of the subjects' lives, in addition to providing an integration of and in work in an inter and multiprofessional way through educational activities in a dynamic and permanent way (Almeida, et al; 2016).

Thus, Permanent Education in health has great potential for effectiveness in the work process when it fails to follow ready-made scripts, without excluding the educational activities that bring their programs ready, as they also present their importance, but bring this EPS to the daily work process, according to the needs of those involved, launching its benefits to them, including the exchange of knowledge, greater problem-solving capacity of problems and situations, whether



individual or collective, in addition to better use of technologies for innovation in the work process and evaluation of this entire process (Silva, et al; 2016). In view of this sample, we understand that Permanent Education in Health (PHE) comes as a protagonist in the management of education and work.

## CHALLENGES OF CONTINUING EDUCATION

According to Ferreira (2019) et. al. the insertion of the concept of Permanent Education in Health (PHE) occurred through the Human Resources Development Program of the Pan American Health Organization (PAHO) in 1980, focusing on the quality of the service through a pedagogical framework that involved the worker in the health processes. This practice was improved by SUS ordinances (No. 198/2004 and No. 1,996/2007).

Primary care, the initial space sought by health users in the country, is considered the first level of contact between people and the Unified Health System, was implemented in 1994 called the Family Health Program (PSF), then the Family Health Strategy and today the Basic Health Unit (UBS), renamed during the PAC (Growth Acceleration Program) in 2007. According to the Ministry of Health:

The Basic Health Unit (BHU) is the establishment that provides services in Primary Health Care, where the Family Health teams work developing health actions at the individual and collective levels, which include health promotion and prevention, diagnosis, treatment and rehabilitation, with the objective of developing comprehensive care.

This ethical-political-pedagogical proposal, according to Ferreira (2019) et. al. aims to transform and qualify health care, training processes, health care practices, in addition to encouraging the organization of actions and services in an intersectoral perspective, strengthening primary health care, including management, educational institutions and the community.

The fundamental concept of Basic Health Units is the core of continuing education in health, considering that the units are at the center of the work with the population, a source of identification of demands and with all the potential for articulation between sectors.

Thus, the Ministry of Health (2004) proposes that the transformation of professional practices should be based on dialogue and critical reflection on the real practices of professionals working in the service network.

The National Policy for Continuing Education in Health establishes that municipalities meet the responsibility in relation to continuing education in health. As Peres, Silva and Barba (2016) cite:

"Based on this reality, it is essential to investigate the processes related to the management of EPS, in addition to problematizing the weaknesses and potentialities evidenced in the policy through the literature, in order to contribute to the more efficient functioning of the Unified Health System (SUS) and the consequent improvement in the provision of services to health users."



Franco (2007) mentions that although investments in health education have increased, they have not been able to change the practice of health care and services.

For Peres, Silva and Barba (2016), health workers point out several factors that present themselves as obstacles to the development of EPS, among them the difficulty of using an active methodology that values the subject as the protagonist of their actions, develops their autonomy, and appreciates daily life as an instrument of learning.

The authors also point out that "this difficulty has led to the use of several ideologically traditional methodologies that are contrary to the recommended active methodologies.

Even in the face of the difficulty of working with active methodologies in the process of implementing the EPS proposal, it is valid and current, as it seeks a new health paradigm that transforms the performance of health workers and managers, motivating them to change their praxis, in-service qualification and the consequent implementation of SUS principles. (PERES, SILVA, BARBA, 2016).

Therefore, understanding the conception of continuing education in health and inserting it in the day-to-day lives of workers and municipal managers may be the main key to the positivity of this field that is so important in health.

## TRENDS IN CONTINUING EDUCATION IN HEALTH

Permanent Health Education recognizes everyday life as a place of inventions, acceptance of challenges and creative replacement of models by cooperative, collaborative, integrated and courageous practices in the art of listening to the diversity and plurality of the country.

The National Policy for Permanent Education in Health is a practice in experimentation and with a political requirement to offer proposals for the transformation of professional practices through the problematization of the work process. Proposal consistent with the challenges of training human resources for the SUS; to implement, in the country, a management of work and education with the vigor of a public policy committed to training and professional development; and to overcome the professional education policies aimed at work in the industry, historically implemented in Brazil. This triggers new profiles of workers and managers of health actions, services and systems (CECCIM et al, 2008).

The enactment of Ordinance No. 198/04, which institutes the National Policy for Permanent Education in Health, brings some innovations that represent ruptures in the way of conceiving the training of professionals to work in the SUS. Among these innovations, we have training perceived as a strategic policy of the federal government for the training and development of the group of health professionals, instead of just another one-off program of the Ministry of Health. Another innovation is the one that proposed PE as a pedagogical concept, in the health sector, to make organic relations between teaching and actions and services (training and sectoral management) and between teaching



and health care. health (institutional development and social control). Finally, the form of implementation of the policy, which should take place through the Permanent Education Centers in Health for the SUS (MANCIA, CABRAL and KOERICH, 2004).

Considering the normative framework with Ordinance No. 198/04, the training and development of professionals to work in the SUS began to be referenced in the principles of EPS, which proposed that training processes should have as their objective the transformation of professional practices and the organization of work itself, based on: the health needs of people and populations; sectoral management; social control in health and the renegotiation of training initiatives for a local regional conduction, thus creating conditions for an integrated National Policy for Permanent Education in Health (MACÊDO et al, 2014).

The perspective of EPS for the foundation of training processes is also mentioned in interministerial ordinances n. 2.101/05 (BRASIL, 2005) and 1.802/08 (BRASIL, 2008). The conceptual theoretical choice may need to follow the diversity of realities present in the Brazilian regions with different demands. However, if we consider professional training as essential for the consolidation of the national health system, we also need to strengthen the National Policy for Permanent Education in Health as a SUS strategy for the training and development of workers for the sector.

Among the advances pointed out, the planning of activities and the development of actions in Primary Care; the learning scenarios that involve the contents of teamwork; the knowledge of the principles and guidelines of the SUS and the Primary Care Information System stand out.

## FINAL THOUGHTS

The implementation of strategies and actions focused on EPS is fundamental for the implementation of the PNEPS and has been developed in primary health care services. However, many of these initiatives developed for health workers are based on a conception of instrumental education with an emphasis on punctual, fragmented and decontextualized actions with the daily routine of the services, which are closer to the concept of CE.

It is noteworthy that the challenge is to break with the fragmentation of the health education process in search of the implementation of the PNEPS. It is suggested to fine-tune the conception of continuing education with workers and, mainly, health managers so that this process and the SUS are possible, since EPS is considered by the Ministry of Health as the driving force of the system.

In this way, it is necessary to rescue an EPS that actually articulates the "utopia" of "health as a right for all", as a possibility of quality of life, for users and workers, which in times of strengthening neoliberalism in the country is extremely necessary. The struggle must take place not



only in everyday life, but in political spaces, in collective articulations that strengthen the health reform movement and the implementation of the constitutional SUS.



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