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The meanings of permanent health education for nurses in a child hospital

ABSTRACT | Objective: To analyze the meanings of work attributed to nurses at a children's hospital located in southern Brazil. Method: The study approach was qualitative and the data collection occurred through individual interviews with nine participants. The analysis categories were composed in the following axes: profile of the active nurses and Permanent Education in Health based on the Quadrilátero da Formação. Conclusion: The results indicate a nurse profile with an average age of 40 years and that only 33.3% participate monthly in Permanent Health Education with discussion of topics related to management and care. Considerations: The research contributes to the discussions regarding the awareness of nursing professionals regarding the meanings of work and the essence of care for the profession.

Keywords: Permanent Health Education; Senses of Work; Nursing.

RESUMEN | Objetivo: Analizar los significados del trabajo atribuidos a los enfermeros en un hospital infantil ubicado en el sur de Brasil. Método: El enfoque del estudio fue cualitativo y la recolección de datos se realizó a través de entrevistas individuales con nueve participantes. Las categorías de análisis se compusieron en los siguientes ejes: perfil de las enfermeras activas y Educación Permanente en Salud con base en el Quadrilátero da Formação. Conclusión: Los resultados indican un perfil de enfermero con una edad promedio de 40 años y que solo el 33,3% participa mensualmente en Educación Permanente en Salud con discusión de temas relacionados con la gestión y el cuidado. Consideraciones: La investigación contribuye a las discusiones sobre la concienciación de los profesionales de enfermería sobre los significados del trabajo y la esencia del cuidado para la profesión.

Palabras claves: Educación en Salud Permanente; Sentidos del trabajo; Enfermería.

RESUMO | Objetivo: Os sentidos da Educação Permanente em Saúde promovem significados e atribuições distintas. O objetivo geral do estudo foi analisar os sentidos da Educação Permanente em Saúde atribuídos pelas enfermeiras de um hospital infantil localizado na região sul do Brasil. Método: A abordagem do estudo foi qualitativa e, a coleta de dados, ocorreu mediante entrevistas individuais realizadas com nove participantes que integram um hospital infantil de referência. As categorias de análise foram compostas nos eixos: perfil das enfermeiras atuantes e Educação Permanente em Saúde pautada no Quadrilátero da Formação. Resultados: Os resultados indicam um perfil de enfermeira com média de idade de 40 anos, levando em consideração que apenas 33,3% participam mensalmente das formações em Educação Permanente em Saúde com discussão de temas relacionados à gestão e à assistência. Conclusão: A pesquisa contribui para as discussões a respeito da sensibilização dos profissionais enfermeiros quanto aos sentidos do trabalho e a essência do cuidado à profissão.

Palavras-chaves: Educação Permanente em Saúde; Sentidos do Trabalho; Enfermagem.

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INTRODUCTION

Nursing professionals in their professional practice have a wide area of expertise that allows them to develop competencies and skills required in various health sectors. During graduation, these duties are based on the areas of assistance, teaching, research and management. ⁽¹⁾

The composition of these four assignments is based on the National Curriculum Guidelines for the Undergraduate Nursing Course, published in the Resolution of the National Education Council No. 3, of November 7th, 2001 and provided for in the Profes-

sional Exercise Law No. 7.498 of June 25, 1986. ⁽²⁾

The attributions given to Nursing care correspond to the care provided to the populations, considering the socio-cultural, economic and ecological determinants of the health-disease process and its bioethical principles; management subsidizes the administration of the nursing work process. In the research axis, the nursing professional must develop, participate and apply research and knowledge production that prioritize their qualification.

As far as teaching is concerned, these guidelines bring Permanent Education as a necessary requirement for the training of professional nurses, considering the promotion of teaching opportunities and responsibility with the education and training of profes-

sionals in health services. ⁽³⁾ The central role of Nursing in carrying out educational actions, as the Nurse is the main articulator of the different sectors of the hospital. ² However, this practice requires a multidisciplinary approach as a way to become more effective under the different views of these axes.

In the educational context, we have Permanent Education, which is a significant strategy for enabling changes in health practices, aimed at improving the quality of services. ⁽⁴⁾ It is important to highlight that studies bring discussions about the implementation of Permanent Education Centers in the hospital, the quantifications of actions developed by them and their limitations, to mention: little commitment from professionals and managers, difficulty related to people management, management of the time and lack of physical resources. Based on these reflections, the motivation for research arises: to understand the meanings of Permanent Education in Health for Nursing and reflect on their effective actions in the hospital environment. The general objective of the study was to analyze the meanings of Permanent Education in Health attributed by nurses at a children's hospital in the Southern Region of Brazil. ⁽¹⁾

According to Decree No. 94.406, of June 8th, 1987, which regulates the practice of Nursing, it is clearly specified that the Nurse is responsible, as a member of the health team, for "participation in training and improvement programs for nursing staff. health, particularly in continuing education programs". ⁽⁵⁾

With regard to the training of this professional, the Resolution of the National Education Council No. 3, of November 7th, 2001 provides for several specific skills and abilities, to mention: to develop technical and scientific training that gives quality to professional practice; to plan; implement and participate in the training and continuous qualification

programs of Nursing and health workers; recognize work relationships and their influence on health and act as a subject in the process of training human resources, among other premises. ⁽¹⁾



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It seems correct to state that Nurses, in the essence of their profession, have in Permanent Education a requirement for the exercise of professional practice committed to the real health needs of the population. In this sense, previous studies bring the relevance of the participation of Nursing professionals in ac-

tions of Permanent Education in Health. ⁽⁶⁾ It is also worth mentioning the relevance of the theme highlighted by the National Policy of Permanent Education in Health that was instituted through Ordinance No. 198 of February 13th, 2004, advocating the training strategy and the development of workers for the Unified Health System. ⁽⁷⁾

To direct the research, the studies pointed out to answer the following problem: what are the meanings of Permanent Education in Health and work attributed by nurses in a children's hospital? In view of the problematization, the following general objective was derived: to analyze the meanings of Permanent Education in Health and the work attributed by nurses at a children's hospital in the Southern Region of Brazil.

METHOD

The study approach was qualitative. The research was carried out in 2019 at a reference children's hospital in the Foz do Rio Itajaí Açú region, in the southern region of Brazil. The institution that has a large part of its care provided by the Unified Health System (SUS) and is currently managed by a private group that administers and performs hospital management.

Inclusion criteria are all professional nurses who work at the institution. The nursing professionals working in the children's hospital in the following sectors were part of the study: care unit A and B, surgical center, emergency room, intensive care unit, hospital infection control committee and nursing management in the morning, afternoon and night shifts, totaling 17 professional nurses. 09 nurses accepted to participate in the research. The exclusion criterion was professionals who have worked at the institution for less than 1 month. It is noteworthy that nurses (NUR) were identified by numbers (01, 02, 03).

The data collection procedure took place in the following stages: a survey was carried out with the Nursing Management to identify and characterize, according to the research indicators, the nurses working at the children's hospital. With the information obtained, a printed invitation for voluntary participation in the research was personally delivered by the researcher to each nurse in the hospital. For those who agreed to participate, an individual interview was scheduled with the Nursing Management and the participant in a private room available within the hospital. Issues such as the dimensioning of the Nursing staff and availability of the best date and time were verified with Management and the participant, so as not to harm the work process of the nurse and not to harm the routine of the sector. Participants were given the Informed Consent Form and provided all necessary information about the research, which had already been approved by the Research Ethics Committee (CEP) through opinion number 3.097.649 and CAAE 00813318.5.0000.0120. After signing the term, a questionnaire was applied with closed questions previously prepared by the researchers and an interview with a semi-structured script with open questions. We reinforce that the date and time for the data collection were agreed with the participant and with the institution (Nursing Management), through a previous scheduling scale.

We used the content analysis references⁽⁸⁾, with pre-analysis, material exploration and the treatment of results with coding and inference.⁽⁹⁾ The categories of analysis were composed in the following axes: profile of the active nurses and Permanent Education in Health with its *Quadrilátero da Formação*: teaching - management - care/assistance and social control. The data collection included a period of 30 minutes up to an hour of interviews with each participant.

RESULTS

The results indicated a nurse profile with an average age of 40 years old, female and heterosexual sexual orientation, married, self-styled white ethnic, living in Itajaí and with her spouse, with an average of 2 children who only study. Regarding the professional profile, we have professionals with recent graduation, with training time of up to 10 years, 01 specialization completed, day shift, 3-month service time in the hospital and the presence of 2 work contracts, with a monthly income of 1 to 3 minimum wages.

In their professional trajectory, they participated monthly in Permanent Health Education with discussion of topics related to management and assistance. Evidencing a concern and a connection between the work of Nursing focused only on the care area, the mechanized practice of certain procedures, to the detriment of the general skills in the training of Nurses. Monthly and annual participation represented 33,3% and 22,2%, respectively. There was no finding of participation in Permanent Education in Health weekly.

The axes of management and assistance characterize an expressive demand in the area of Nursing. When conducting a needs assessment of general educational actions with the Emergency Team of Nursing, studies claim that 71,4% of professionals are interested in technical issues, 10,7% in management issues and 14,3% in human relations issues.⁽¹⁰⁾

When asked whether the Permanent Education actions they participated in contributed to reflections in their work environment, the answer was unanimous: 100% considered that yes, they contributed to reflections. However, in relation to the current participation in actions of Permanent Education in Health, only 3 nurses (33,3%) informed that they participate, while 6 nurses (66,7%) do not currently par-

ticipate. This confirms the fragility of Permanent Health Education in hospital institutions.⁽¹¹⁾

The frequency of participation in the educational actions found in the study differs from other realities mentioned in research in the literature review. The frequency of participation in educational activities carried out with the Nursing team was daily (35%) and 1 to 3 times a week (15%).⁽¹²⁾ In another survey, 53,3% of the research subjects reported that the hospital in which they work develops few continuing education educational actions and 100% believe that there is a need and interest in the development of permanent education with the Nursing team.⁽¹³⁾ Which brings us to the need for health institutions to develop strategies for Permanent Education in Health, in the search for valuing the didactic environment based on what makes sense for professionals, with discussions about the awareness of nurses about the practices of Permanent Education in Health in hospital institutions, implementing critical-reflexive actions and considering the meanings of work.

When we questioned what Permanent Health Education is, the plurality of nurses' responses was present:

Ah, it is the courses, workshops, congresses that we can do throughout the profession (NUR 01).

Learning and knowledge (NUR 04).

It's an important education (NUR 07).

(Thinking, there was a time until the answer) I think it is the frequent training of activities and techniques performed on a daily basis... I do not know how to express myself well... It is reviewing the most current techniques. (NUR 05).

(Thinking, there was a time until the answer) It's a matter of

reviewing things, remembering right? (NUR 06).

The difficulty in answering the concept was evidenced in the speech of 3 nurses, who were extremely thoughtful, with strange facial expressions. The uncertainty and insecurity in the responses was also present, with the signaling of the difficulty in expressing oneself. The words "review" and "remember" mentioned bring us the perception of Permanent Health Education as a replicator of what already exists or has already been discussed, with no possibility of gaps for new reflections, related to work. Permanent Education in the professional trajectory of the nurses interviewed was developed as a continuing education, and the little visibility of the practices was manifested in the statements. There are limited perspectives in relation to the potential of Permanent Education in Health and difficulties to differentiate Permanent Education in Health and continuing education among nurses. ⁽¹⁴⁾

DISCUSSION

In a study on nurses' perceptions about permanent and continuing education in a teaching hospital, professionals during a focus group built the reflection that permanent education is developed with the formation of the person and related to social interactions while continuing education can be carried out through courses, being directed as a formal education. The broad concept of Permanent Health Education was mentioned only in the speech of a nurse:

Permanent Education in Health is a practice of teaching and learning, a production of knowledge, it is part of everyday life, it is inserted within the work process. It comes from reality, from the knowledge [...] of the reality

experienced by professionals, an exchange of knowledge. It does not mean that what we already know or what we already do is wrong. For there to be learning, you have to ask, you have to question, so there is a construction of what is already known and what is to be known, what is to come. (NUR 09).



There are limited perspectives in relation to the potential of Permanent Education in Health and difficulties to differentiate Permanent Education in Health and continuing education among nurses



The speech portrays a reflection that goes further: teaching and learning, work and daily process, cons-

truction and exchange of knowledge walking together. The references mentioned are key words when we talk about EPS assumptions, which are complemented by the Training Quadrilateral: teaching - management - care / assistance and social control, which interacting with each other, making it possible to dignify local characteristics, installed capacities, the development of potentialities, effecting meaningful learning and critical thinking, producing meanings among health professionals. ⁽¹⁵⁾ This quadrilateral supported the construction of the thematic axes, which are being described in the research.

The role of Permanent Health Education in Nursing permeates the axes of the Training Quadrilateral and meets the attributions based on the National Curriculum Guidelines for the Undergraduate Nursing Course and provided for in the Professional Exercise Law No. 7.498 of 25th June 1986, which are grounded in the areas of assistance, teaching, research and management. For nurses, the role of Permanent Health Education at work and in the professional trajectory is defined as fundamental and important:

Ah, I think it is fundamental, I am very interested in workshops, congresses and research, so much so that I always leave a space there that I always look for (NUR 01).

For me I think it is important, fundamental, to update (NUR 02).

Very important, because you can bring knowledge to the team, you are experiencing and showing the team what is right, what is wrong and is motivation for them, motivation for work (NUR 04).

One of the pillars for us to have a quality of care (NUR 08).

I think that permanent educa-

tion is fundamental for transforming the work process, it must always exist, right, otherwise there is no quality in the service provided (NUR 09).

The importance of Permanent Health Education involves strengthening health care, patient safety and the quality of the service provided, according to the statements of NUR 05, 08 AND 09. With each question and each speech, the construction of the meanings of permanent education for nurses in their professional trajectory takes on more and more form: an important education, but difficult to conceptualize and practice far from that recommended at work. The insecurity punctuated in "I think" was present in several moments and responses during the interview.

CONCLUSION

The meanings of Permanent Health Education were analyzed in this study through the views of 09 nurses, with different professional and personal tra-

jectories. This research contributes to discussions regarding the awareness of nursing professionals about the practices of Permanent Education in hospital institutions, implementing critical-reflexive actions in promoting changes in the realities of each service.

Permanent Health Education is an opportunity for learning and professional and personal growth, enabling discussions about work. However, the discussion on Permanent Health Education caused strangeness and doubts for the study participants, showing little clarity regarding the objectives and practices of these educational actions in the hospital.

Although described as Permanent Health Education, some actions reported by nurses reproduced only traditional approaches, without meaningful learning and critical thinking. They consider education to be important, but difficult to define. In the professional trajectory of nurses, the Training Quadrilateral (teaching - management - attention/assistance

and social control) was emphasized in the assistance axis, that is, there is a concern and a connection between the work of Nursing focused only on the assistance area, the practice mechanization of certain procedures, to the detriment of general skills in the training of nurses.

Permanent Health Education in professional trajectories was fragile, showing the focus of updating knowledge in the practice of the Nursing team. However, nurses recognize the need for educational actions within the hospital, identifying the strengths and weaknesses for their development.

It is necessary to break with the maxim that education for nurses is only to replicate or recall techniques contained in standard operating procedures. The demands in education for health workers must arise through the problematization of the work process, so that, in fact, it is possible to change the realities and link a quality of care for our patients and quality of life for our nursing workers. 🐣

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