

## CONTINUING EDUCATION AND HUMANIZATION IN THE TRANSFORMATION OF PRIMARY HEALTH CARE PRACTICES

EDUCAÇÃO PERMANENTE E HUMANIZAÇÃO NA TRANSFORMAÇÃO DAS PRÁTICAS NA ATENÇÃO BÁSICA

EDUCACIÓN PERMANENTE Y HUMANIZACIÓN EN LA TRANSFORMACIÓN DE PRÁCTICAS EN LA ATENCIÓN PRIMARIA

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### ABSTRACT

The objective was to evaluate the processes of organization and implementation of humanization according to the *Política Nacional de Educação Permanente em Saúde na Atenção Básica*. Qualitative research was carried out in an evaluative perspective anchored in the *Política Nacional de Educação Permanente em Saúde* developed with 53 workers from primary health care units of a municipality in the state of Paraná. Data were collected through focal groups and transcribed verbatim. The results were presented in three evaluative matrices that evidenced the implantation and organization of humanization conducted by continuing health education practices, emphasizing management, collective practices, and the academy as drivers of this process. The Policies of Continuing Education and Humanization have positively influenced the work processes of health teams in primary care, in the sense of transforming practices and knowledge.

**Keywords:** Continuing Education; Humanization of Assistance; Primary Health Care.

### RESUMO

Objetivou-se avaliar os processos de organização e implantação da humanização segundo a *Política Nacional de Educação Permanente em Saúde na Atenção Básica*. Realizou-se pesquisa com abordagem qualitativa, na perspectiva avaliativa ancorada na teoria da *Política Nacional de Educação Permanente em Saúde*, desenvolvida com 53 trabalhadores de unidades básicas de saúde de um município do estado do Paraná. Os dados foram coletados por meio de grupos focais e transcritos na íntegra. Os resultados foram apresentados em três matrizes avaliativas que evidenciaram a implantação e organização da humanização conduzida por práticas de educação permanente em saúde, destacando-se a gestão, as práticas coletivas e a academia como impulsionadores desse processo. As Políticas de Educação Permanente e de Humanização têm influenciado de forma positiva os processos de trabalho das equipes de saúde na atenção básica, no sentido de transformação de práticas e saberes.

**Palavras-chave:** Educação Continuada; Humanização da Assistência; Atenção Primária à Saúde.

### RESUMEN

El presente estudio tuvo como objetivo evaluar los procesos de organización e implantación de la humanización según la *Política Nacional de Educación Permanente en Salud en la atención primaria*. Investigación con enfoque cualitativo, dentro de la perspectiva evaluativa anclada en la teoría de la *Política Nacional de Educación Permanente en salud*, realizada con 53 trabajadores de unidades básicas de salud de un municipio del estado de Paraná. Los datos fueron recogidos a través de grupos focales y transcritos integralmente. Los resultados fueron presentados en tres Matrices Evaluativas que mostraron la implantación y organización de la humanización llevadas a cabo por prácticas de educación permanente en salud, realizando la gestión, las prácticas colectivas y la academia como propulsoras del proceso. Las políticas de educación permanente y de humanización han contribuido positivamente a los procesos de tra-

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*bajo de los equipos de salud en la atención primaria, en el sentido de transformar sus prácticas y saberes.*

*Palabras clave:* Educación Continuada; Humanización de la Atención; Atención primaria a la salud.

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## INTRODUCTION

The path of construction of the *Sistema Único de Saúde* (SUS) is marked by great advances in access and quality of service, driven by its principles and guidelines. However, the labor management policy still calls for advances, necessary in order to train and mobilize health professionals so that they are able to bring together transformations around two main issues: process management, focusing on the actions of the workers in the system, and the workforce qualification processes, to enable workers to meet the health needs of the population.<sup>1</sup>

Although the academy is an agglutinating agent of knowledge and of new practices, it is known that there is a need to promote the curricular and pedagogical model of training of health professionals in order to be closer to the theoretical and philosophical references of SUS, as the academic-service articulation proposes. This way it would be possible to advance in the appropriate training that culminates in problematized, humanized and quality care.<sup>2</sup>

In order to face this fragility, public health programs and policies have been implemented to improve the training of health workers, adopting the problematizing conception of health education, especially the transformation in the work processes of the teams.<sup>1,3</sup>

Among them are the so-called cross-sectional policies that permeate all the others, modeling a new way of doing and thinking about management and care practices: the *Política Nacional de Humanização* (PNH), which sought to strengthen and reorganize the SUS with improvement of the quality of care and management, and the *Política Nacional de Educação Permanente em Saúde* (PNEPS), focused on a strategy of training and development for SUS workers.<sup>1,3,4</sup>

The NPCEH and NPH share the same intentionality of transformation of practices, since both seek the improvement of the work processes based on the protagonism of the workers, managers and users of SUS that are directly involved in the process of health production. These policies, therefore, complement each other, because the NPCEH seeks to improve the training and development of health workers so that they work effectively in the public health system, the NPH defines guidelines, mechanisms and tools to give operating capacity to the humanizing practices that make up this process.<sup>5</sup>

The NPCEH, therefore, is one of the most relevant instruments for guaranteeing the workforce focused on humanized

care, taking into account that the SUS is a social process in ongoing construction and health professionals are important subjects of this process.<sup>3</sup>

It is important to emphasize that primary care has become a *locus* of humanization and of continuing education in health (CEH) policies, because both are important management tools that accompany the advances in knowledge and favor the proposition of viable solutions to the health problems that constitute the routine of primary care.<sup>6</sup>

Thus, this work is justified by the relevance of the workforce to SUS, the implication of CEH for the transformation of health practices from the perspective of humanization, and the directives and mechanisms of the NPH for this purpose, within the scope of primary care.

## OBJECTIVE

To evaluate the processes of organization and implementation of humanization according to the *Política Nacional de Educação Permanente em Saúde na Atenção Básica*.

## METHOD

Research with qualitative approach, of evaluative perspective, anchored in the NPCEH theory; the research was developed in the primary health care of a municipality in the north-western macroregion of the state of Paraná, Brazil.<sup>7</sup>

The participants were 53 health professionals from six of the 34 basic health units (BHUs) in the city.

The process of choosing the BHUs and the participants included in the study had the following inclusion criteria: workers from the BHUs who had been working for more than one year in the month of December 2015; workers of BHUs that had some mechanism for humanization implanted.

In order to do so, the BHUs that met this criterion were first surveyed at the Municipal Health Department. With this list in hands, six BHUs were selected through a lot, using the stratification by the total number of workers in each one, as follows: two BHUs had up to 40 workers; two had between 41 and 60 workers; and two had 61 workers or more. All the workers of the different professional categories and different training levels were invited to participate in the research.

The method of focus group was used for data collection, because this is a dialogic technique designed to focus on the group and on the construction of interaction for the problematization on a specific theme or focus. It is considered an adequate and effective technique to explore the participants' perceptions about the process of implantation of the NPH in primary health care.<sup>8</sup>

A script was used as tool for the focus group, consisting of triggering questions related to the assumptions of the NPCEH, prepared by the researchers and submitted to adjustment by seven judges with experience in the theme.<sup>3</sup> The questions were adapted, following the judges' advice, and previously tested in a pilot focus group performed at a BHU which was not part of the study.

Six focus groups of heterogeneous composition were conducted, with an average time of 50 minutes and participation of six to 14 professionals per BHU. They occurred between March and June 2016.<sup>8</sup> The focus groups were conducted by two research nurses – one as group leader and another as observer. Both had been previously trained for the technique. The discussions were recorded, transcribed verbatim and submitted to analysis through the construction of evaluative matrices, and then discussed in the light of NPCEH.<sup>7</sup>

The results were presented in the evaluative matrices (Figures 1, 2 and 3), which clarify the main question of the study. The results were divided based on three triggering questions, namely: a) how humanization has been implemented in the BHU of the study and which were the main drivers of this process? b) Which strategies and actions were developed to implement and organize humanization in the unit? c) Who were the partners in the process of implementing humanization in the BHU?<sup>7</sup>

The project respected the ethical precepts of Resolution 466/2012 of the *Conselho Nacional de Saúde* and was approved by the standing *Comitê Permanente de Ética em Pesquisa com Seres Humanos da Universidade Estadual de Maringá* (Opinion number: 1,407,709/2015 – CAAE N° 51847115.3.0000.0104 ).

## RESULTS

Fifty-three professionals participated in the research, including physicians, nurses, dentists, professionals from the *Núcleo de Apoio à Saúde da Família* (NASF), community health agents, nursing assistants, pharmacy assistants, administrative assistants, oral health technicians, and general service assistants. They were predominantly females and had been working for 8.5 years on averaged at the BHUs.

In all the BHUs of the study, the reports of the participants showed that the process of implantation, organization and development of humanization mechanisms were permeated by movements of CEH.

Thus, the matrices highlighted the movements of CEH that occurred in the daily routine of the teams and the effects these movements produced in the implantation of mechanisms of humanization in health care, as follows.

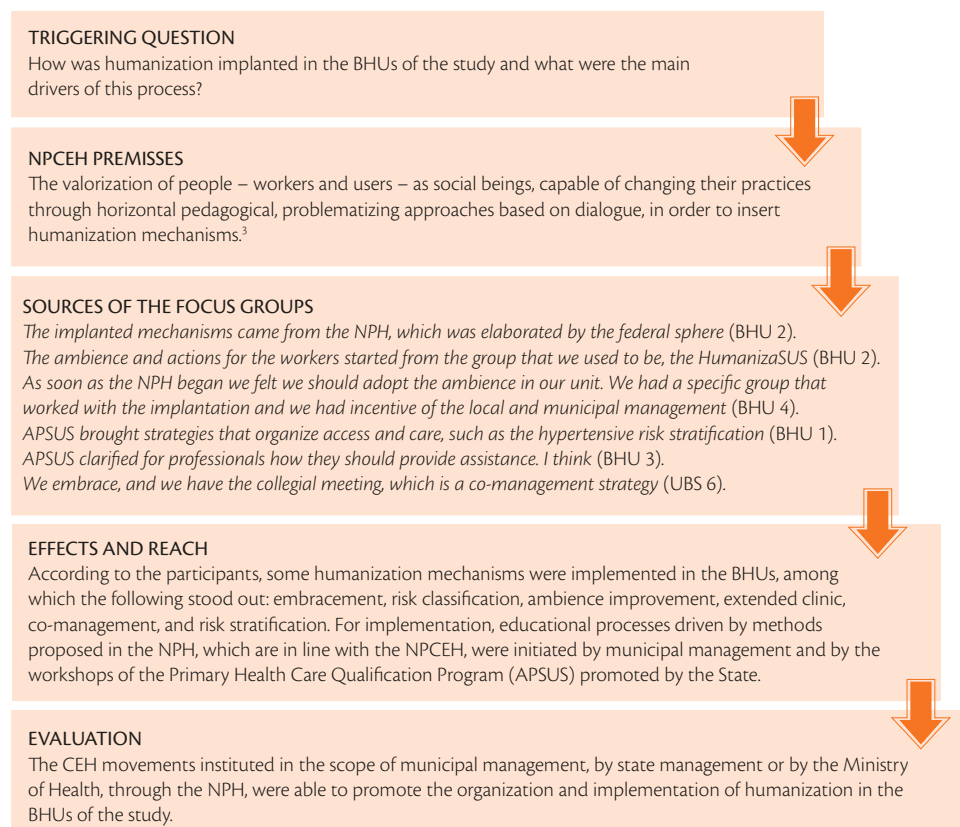


Figure 1 - Evaluative matrix of the implementation of humanization in primary health care through the NPCEH.

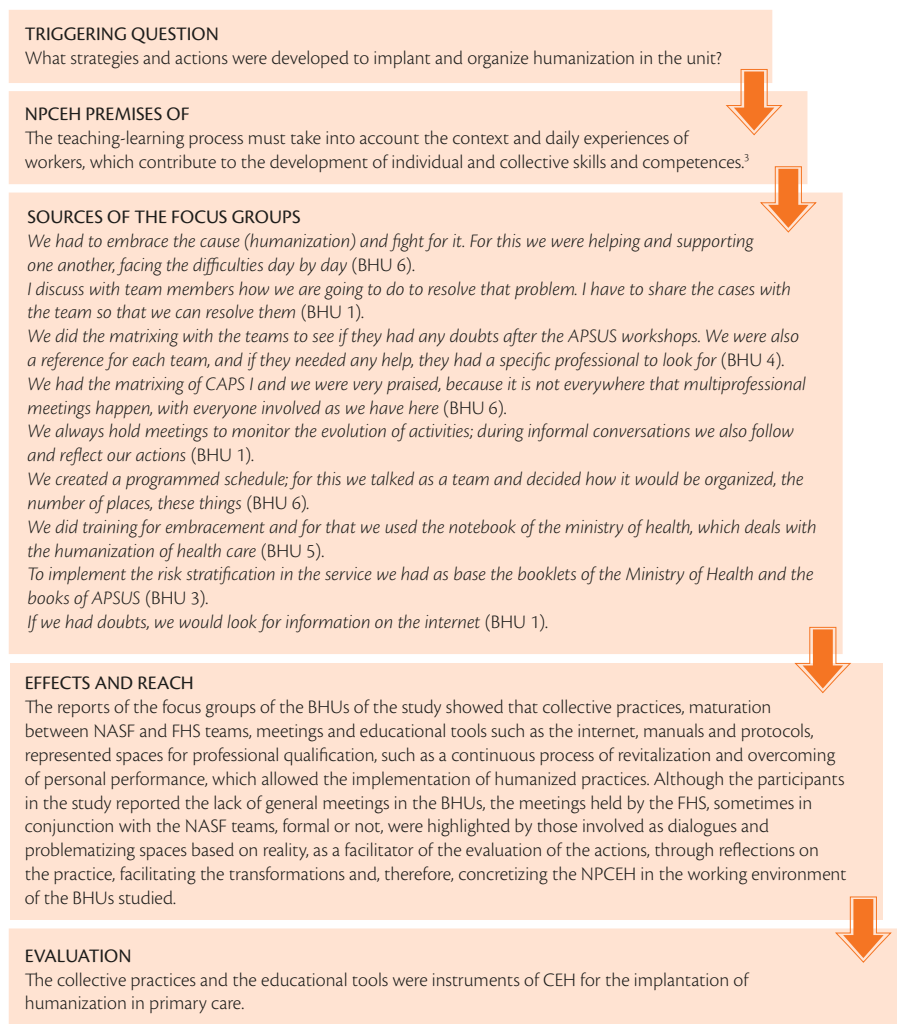


Figure 2 - Evaluative matrix of educational practices for the implementation of humanization.

## DISCUSSION

With regard to the potential of organization of CEH originated by the management spheres (Figure 1), it was possible to understand that for implantation of NPH mechanisms - embracement, risk classification, ambience improvement, extended clinic, coagulation and risk stratification - the teams used the premises of the NPCEH raised by the municipal administration itself or by the NPH, which promotes support through material available on the Internet, courses and consultancy from technical teams of the Ministry of Health to encourage reflection on new management and health care practices.<sup>9</sup>

An important training movement, aimed at directing state management, that stimulated humanization in the BHUs of the study was the Primary Health Care Qualification Program (APSUS). This program was created by the Health Department of the State of Paraná in 2011, and had as mission to qualify the teams through workshops, involving regional health, municipalities and universities. It can be inferred that APSUS used the

NPCEH premises, because it was developed to allow its participants to experience the educational activities in groups, using active, problematizing, dialogic and interdisciplinary methodologies, with action-reflection-action processes of the professional practice and its reality.<sup>10</sup>

Therefore, APSUS was recognized by the participants as an enhancer of CEH and as a humanizing tool for health care because it changed health practices, especially in the stratification of people with chronic conditions, with an evident protagonist role of workers for this purpose, as it was evidenced in the focus groups. The premises of the NPCEH were present at moments of the work routine and meetings and were therefore fundamental for the transformation and implementation of new practices to reduce the fragmentation of management and care and to expand the collective spaces of dialogue and agreements, as well as the creation of healthy interpersonal relationships in order to provide embracing, troubleshooting and humanized care.<sup>3,9</sup>

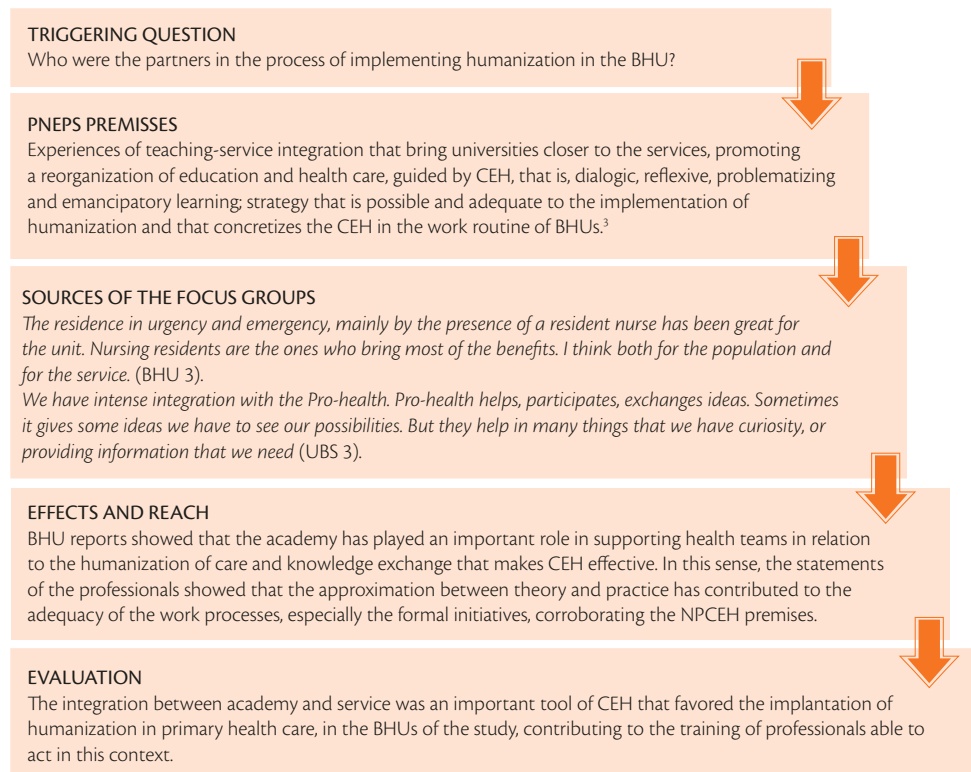


Figure 3 - Evaluative matrix on the interaction between the actors involved in the learning process.

Thus, the theoretical-philosophical conceptions of the NPCEH corroborated the guidelines of the NPH and proved to be a viable path for the implementation of humanization in management and service. The dialogical and problematizing aspect, valuing the individuals and their contributions to the consolidation of SUS, transcended the simple acquisition of intellectual and psychomotor skills and represented an alternative to face the problem of fragmentation of management and care, in order to improve the processes with more reflection in the field of local management of the scenarios studied.<sup>3,9</sup>

This study also evaluated which CEH instruments were drivers of the NPH (Figure 2). In this sense, the collective practices were built in scenarios where CEH practices were carried out through meetings, mutual support, and exchange of experiences in the matrixing and in moments of study as teams. Therefore, these practices represented a collective, diversified, complex and modern construction that sought to respond to the needs involved in the teamworks.<sup>11</sup> It is important to highlight the relevance of these collective approach in primary care, in which the multiprofessional perspective requires that health professionals have not only technical knowledge, but also the ability to work in teams and skills to communicate with other professionals and with the community, as discussed by the groups in this study. It is in this collective dialogue that the CEH happens and favors the resolution through mutual collaboration among different professionals, allowing the quality and

comprehensiveness of the care permeated by humanization and excellence.<sup>12,13,14</sup>

Matrixing, recognized as a methodology of CEH by the participants, sought to organize the interprofessional work, both among teams and among the health care networks, based on the concepts of shared work and co-management, interdisciplinarity and a broad view of the health-disease-care process for the construction of co-responsibility in health care among multiprofessional teams.<sup>15</sup>

Work meetings, also described as materialization of CEH, allowed the collective planning linked to the concepts of territory, registering of clients, bonding, and sanitary responsibility, among others linked to the work in the FHS that lean towards humanizing practices.<sup>16</sup> It is also important to consider that team reflections are often developed by different mechanisms of meetings, either through informal conversations or meetings, and are conditions that effect both the participatory management inherent to the NPH and the NPCEH, because it favors changes.<sup>17</sup>

About this, it is said that thinking in a joint manner and critically about the practice of yesterday is an effective strategy to improve the forthcoming practice, revealing the potential of team reflection for the daily transformations that effect the CEH.<sup>18</sup> In this respect, the practices of planning and evaluation in the services by the collective of actors and, thus, practices of participative management are technologies that give opportunity to the learning and knowledge exchange, because they re-

duce the alienation of health workers in the work process, conferring them protagonism in the health production.<sup>19</sup>

The collective construction of work facilitated by participatory management contributes to the expansion of autonomy and empowerment of professionals through the use of authentic educational processes that allow people to assume the condition of creative subjects, capable of transforming reality and, from this transformation, transforming themselves, as proposed by the NPCEH.<sup>20</sup>

Dialogic learning means that we can find other points of view and different ways of seeing and knowing, which leads to reflection on the opinions and perceptions of others. From these reflections, my connection with other subjectivities changes and, as a result, produces learning.<sup>21</sup>

The reports of the focus groups also showed the use of educational materials developed by the Ministry of Health and the Health Department of the State, as support for CEH, such as manuals, booklets and notebooks, available through the Internet, as well as the help of other colleagues and search in internet. These materials made available through the Internet are easy and wide-reaching and promote the reflection on various models of care and management practices.

The use of computational resources, also mentioned by the participants, is a way of encouraging and facilitating access to the search for knowledge and has been consolidated as an innovative proposal in the field of education.<sup>22</sup>

In this sense, the support tools through the internet were highlighted in the reports as a complement and aid in the local learning processes, configuring the NPCEH, especially for the search for knowledge in an autonomous way and focused on the particular needs of the professionals marked by practice.<sup>3,9</sup>

Technology, as showed the findings of this study, can be considered a path to liberating education, considering its democratic access and textual comprehensiveness. Technology is able to reach the diverse needs and personal realities and, in this sense, they are defined as premises of the NPCEH, essential for its effectiveness.<sup>3</sup>

Finally, it was seen that the integration between academy and service (Figure 3) is a enhancer of the NPH and professional training, when adopted through a methodology that promotes the articulation and sharing of different knowledge sets that complement each other, establishing a new pedagogical perspective. This movement praises professional training with noticeable results for management and health care, as well as for professional training, announcing the opportunity of CEH because of its involvement in the transformation of health services, which are a field of health and education.<sup>3</sup> These strategies were evident in this study and the participants emphasized that the academy was a stimulus and a partner for the incorporation of humanized practices in the daily work of the teams, permeated by NPCEH.

It is emphasized, therefore, that the experiences of the academy-service integration can promote the reorganization of education and health care, especially through educational moments, case discussion, collective reflections, participatory management, and implementation of new services.<sup>23,24</sup> Therefore, the closer relations between training institutions and health services can fill the gap mentioned in the literature between theory and practice.<sup>2</sup> This integration contributes to a more resolute and quality public health system, as evidenced in this study.

## FINAL CONSIDERATIONS

In the scenario analyzed, CEH practices led to the implementation of the NPH mechanisms, especially through the initiatives of the NPH itself, and the initiatives of APSUS, municipal management, collective practices, the use of educational tools, and the effective approximation between academy and service.

It is important to emphasize the importance of dialogue and protagonism of all the subjects involved in the process of health production. Spaces for dialogue are indispensable scenarios for the development of the NPCEH, as this study showed. Likewise, the tools that allow the protagonism of professionals and their search for new knowledge and new practices are relevant for the implementation of humanization in the service, as well as the support materials permeated by technology, which is easily accessible in the workplace.

It is important to highlight the need to adopt strategies of teaching-service integration, as clarified in this study, so that the challenge of unpreparedness of the professionals to act in primary care can be overcome.

The present study presents data restricted to a local context and does not allow the generalization of the results. Thus, more extensive researches are of fundamental importance to relate humanization and continuing education in the transformations of health practices and management.

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