

FAMILY HEALTH STRATEGY NURSES' CONCEPTIONS OF EDUCATIONAL PRACTICES

Karen Sayuri Mekaro*
 Márcia Niituma Ogata**
 Yaisa França***

ABSTRACT

This work aims to analyze the conceptions of education which permeate the practices of nurses, and their role as facilitator in Continuing Education. It is a qualitative and analytical study, with Family Health Strategy nurses from São Carlos, State of São Paulo (SP). The data were collected using semi-structured interviews, and were subjected to the technique of thematic-categorical content analysis. Three analytical categories were constituted. The first identifies banking education and similarities with concepts and practices of Continuing Education in the educational practices reported. In the second, tools used by the professionals – such as conversation circles and team meetings – reflected the conception of Continuing Education. In the last, the interviewees mentioned their role as educator as important, and this was presented more as a facilitator of the process than as a source of knowledge. Although some precepts of Continuing Education are shown to be incorporated, considering this as a space for organizing the work, the challenge of deconstructing verticalized educational practice persists. The need is indicated for investments in changing the training processes, teaching and work, so as to provide comprehensive care.

Keywords: In-service training. Nursing. Professional Practice.

INTRODUCTION

The Family Health Strategy (FHS), like the National Policy for Continuing Education, is a strategy for restructuring Primary Care, in which the proposal is to break with the traditional Brazilian health model – doctor-centered, medication-based, curative, individual- and hospital-centric – and build a model of health centered on the needs of the individual, the family and the collective, multi- and inter-professional⁽¹⁾. It proposes the construction of interventions, including embracement and the creation of bonds in the production of the care, recognizing health as a right of citizenship and the determinants of the health/illness process, not being limited, however, to curative practices⁽²⁾.

For nurses, the expansion of the primary healthcare network and of the FHS represented greater closeness with and insertion in collective health, and their work was strengthened and diversified, in the same way as those previously predicted were re-signified. Among this professionals' attributions in the ambit of the

Unified Health System (SUS, in Portuguese), is involvement in the actions of education and training and of the undertaking of processes of Continuing Education of health professionals, as well as community health education activities⁽³⁾.

The nurse takes responsibility for significant responsibility in the construction of educational processes, in which facilitating methodologies, mediating the learning, are used, allowing the creation of, criticism of and reflection on, the practices, improving their educational interventions, with the use of learning strategies which improve the quantity and quality of the results⁽⁴⁾.

As well as being a characteristic of the health professionals, the undertaking of Continuing Education is a strategy for achieving improvements in the care and in facing possible organizational challenges present in the ambit of the SUS. Among these challenges, one can mention the training of professionals who are unaware of the bases of the FHS, as well as training which is not yet geared towards collective, integrated or interdisciplinary work which are essential axes for care directed towards the SUS principles and guidelines⁽⁵⁾.

*Nurse. Federal University of São Carlos - UFSCAR - São Carlos (SP), Brazil. e-mail: ksmekaro@hotmail.com

**Nurse, PhD in Nursing. Associate Professor, Department of Nursing, Federal University of São Carlos - UFSCAR - São Carlos (SP), Brazil. email: ogata@ufscar.br

***Nurse. Master in Nursing. Federal University of São Carlos - UFSCAR - São Carlos (SP), Brazil. email: yaisafranca@gmail.com

The Continuing Education in Health Policy, instituted by Ordinance N. 198/GM/MS, on February 13th, 2004, is understood as a new pedagogical model based in significant learning for the transformations of the health practices⁽⁶⁾.

Significant learning proposes that educators and learners should have roles which are different from those traditional. The educator is no longer the principal source of information, but a facilitator of the process of teaching and learning, who must encourage the learner to have an active, critical and reflexive posture during the process of the construction of knowledge⁽⁷⁾. The content to be learned must necessarily have functionality and relevance for the professional practice, and be related to the worker's previous knowledge, which is permeated by her values, attitudes, and personal meanings⁽⁸⁾.

It is noteworthy that the logic of Continuing Education in Health (EPS, in Portuguese) is decentralized, multi-professional and transdisciplinary. It must be taken as a strategic resource for the management of the work in education and health, allowing the planning of the training and of the continuous development of the workers as it seeks to promote not only updating and transmission of new knowledge, but guides their action towards the mobilization of creative and innovative/transforming strength, able to operate new knowledges in the routine of the work elaborated in the collective⁽⁹⁾.

The implementation of Continuing Education is relevant and necessary in the area of health, given that the organization of the work process and the horizontal and interdisciplinary character between professionals and service users opens paths for developing the bond and co-responsibility in relation to health care, in which it is possible to go beyond curative practices and provide comprehensive care.

In this context, the following research questions emerged: in which educational perspectives do the nurses undertake practices with the nursing team and community health workers? Has Continuing Education in Health been a strategic resource for education in the work?

In order to answer these questions, we used the theoretical assumptions of Continuing Education in Health and of Family Health.

The present study aims to analyze the conceptions of education which permeate the practices of the Family Health nurses, and their role as facilitator in Continuing Education.

METHODOLOGY

This is a qualitative and analytical study. The qualitative approach proposes to obtain descriptive data through direct contact between the researcher and the phenomenon in question, and works with the universe of the meanings, the reasons, the aspirations, the beliefs, the values and attitudes⁽¹⁰⁾.

The study subjects were 16 nurses, of the total of 17 distributed in the Family Health Centers in the municipality of São Carlos (SP), one being unavailable to participate in the study.

Data collection was undertaken in the research subjects' work environment, in the period March – April 2011, and was initiated following the approval of the Committee for Ethics in Research in Human Beings, of the Federal University of São Carlos (UFSCar) and following signing of the terms of consent by the interviewees, respecting the requirements of Resolution 196/96 of the Ministry of Health's National Health Council.

Semi-structured interviews were used, with a script which guided the dialogue so as to allow closeness to and knowledge of the study object. The guiding questions addressed the following themes: how the nurse undertook the educational actions in her workplace; with and for whom these activities were undertaken; which methodology/methodologies and resources were used; what the themes addressed most were, and how the evaluation of the activities was done; the difficulties and facilitating aspects faced in undertaking the activities; the role of the nurse in these educational activities, and the concept of Continuing Education in Health for the nurse.

The interviews were recorded and transcribed in full by the researcher and – to ensure all the subjects' anonymity – were numbered from 1 to 16. The data were subjected to the technique of thematic-categorical content analysis, based on the following operational stages: pre-analysis, with skim reading of the empirical material, formulation and reformulation of hypotheses; exploration of the material, when codification

occurred and it was classified in categories; treatment of the results obtained and their interpretation through a critical and reflexive process⁽¹¹⁾.

RESULTS AND DISCUSSION

Of the 16 subjects who participated in the study, 15 were female and only one male, and the mean age was 34 years old. All the nurses had undertaken at least one *lato sensu* postgraduate course, 81.2% (13) had a specialization in the area of Family Health, and 56.2% mentioned also having undertaken a second course. The mean length of work in public service among the interviewees was 11.6 years, and the mean length of work in primary care was 6.7 years. All the nurses were public servants.

Based on the analysis of the data, three categories were constituted: 1- Traditional education versus participative education: conceptions which permeate the educational actions: the influence of professional education and similarities with concepts and practices of Continuing Education; 2- The appropriation of different tools reflects the conception of education: the tools used by the professionals in their work process, such as conversation circles and team meetings, which reflect some assumptions of the concept of Continuing Education and 3- Aspects of the importance attributed to the role of educator: the importance of her role as educator, which was presented as facilitating the educational process.

Traditional education versus participative education: concepts which permeate the educative actions

The reports allowed it to be evidenced that the tools used by the professionals in their educational actions have a close relationship with the concept of education which permeates them. Concepts were mentioned directed towards both the traditional, verticalized model, and Continuing Education, although this process of participative education was identified as something not yet totally clear for the interviewees.

The undertaking of training on specific issues was mentioned both by those who indicated the concept directed towards the traditional model of

teaching and by those who indicated a greater closeness to the assumptions of Continuing Education. This training brings the character of updating on a specified subject, whether in relation to illnesses, procedures or visits, and is presented as a tool which is closer to the concept of traditional education.

[...] Most of the time it is training on specific issues isn't it, there is a vaccination campaign, we do some training, remember a little (subject 2).

Continuing Education, however, was mentioned as a more than a process of updating by the interviewees, being considered a space for exchanging experiences, for improving the relationship within the team, and for reflection on the practice and the organization of the work.

[...] Continuing Education, for me, is a reflection of our professional practice, it has this strong point of working with the service user's needs, the team's need to be able to organize, to be able to strengthen the work (subject 6).

The training on specific issues presented as educational tools is necessary for the technical-scientific updating for the provision of care, as indicated by the interviewees, contextualized within the work process and the care needs of the subjects in their uniqueness, identified by the team. It should be emphasized that due to its issue-specific character operationalized as described by the nurses in this study, this updating is distanced from the concept of Continuing Education, as it is limited to the introduction of information based in the updating, transmission and memorization of knowledge, characteristics which do not promote the development of an active and reflexive posture in the professionals, which are necessary for changing significant practices in comprehensive healthcare⁽⁴⁾.

The strategy of Continuing Education in health, in its turn, proposes, in its problematizing concept, the integration of the processes of learning into the experiences of the routine practices in the work, bringing changes in the pedagogical strategies and considering the health workers as critical and reflexive agents, able to build the knowledge and propose alternative actions for solving problems, with teamwork as the modality of organization of the work^(12, 13).

The appropriation of different tools reflects the concept of education

Among the different tools presented as used by the professionals, the conversation circles were present in the interviewees' reports, as shown in the following discourse:

[...] Generally it is always circles, we exchange experiences, each one talks a little about what they know about the subject and after we try to find references for theoretical basis (Subject 1).

Team meetings, also mentioned as a tool used by the interviewees, had as their object to work on the weak points and to pass on information or training for the team:

[...] In this meeting, everything gets debated, case studies, what happened that week in the unit [...] A staff member went on a course, so he went back to learn about what vaccines are, so he comes along and passes it on to us (Subject 14).

Continuing among the tools, the evaluation was mentioned as used by all the interviewees, although the recording of the evaluations of the activities undertaken was only mentioned in one interview. Also mentioned was the use of data from the Primary Care Information System (SIAB, in Portuguese) to verify the presence or absence of effectiveness of the activities undertaken as a form of evaluating the educational intervention.

Identifying the tools used during the process of teaching and learning aimed to cover the concepts of education which the interviewees possess. The conversation circles mentioned as used by the subject indicate a concept of Continuing Education, given that in such circles there is the exchanging of experiences and discussions of difficulties and of clinical cases experienced in the day-to-day, raising aspects such as the multi-professional teamwork, the methodology centered on the resolution of problems, and the focus on the changes of the practices⁽¹⁴⁾.

The team meetings present in the accounts also indicate the construction of Continuing Education, given that there is discussion between the whole team and the decentralization of knowledge, placing all the professionals as responsible for the process of teaching and learning. Thus, some tools of the EPS were identified as being used as a strategy for the

development of the educational activities with the members of the team, providing opportunities for extending the health actions of the workers directed towards the service user's problems, needs and quality of life, shifting the center of the healthcare towards the human relationships, with the aim of emancipating the subjects and developing citizenship⁽¹⁵⁾.

Mentioned as a tool for educational action, the evaluation of the activities undertaken also points to the construction of the process of EPS, given that the evaluation has as its aim the constant monitoring of the actions undertaken. However, according to the interviews, the majority of the evaluations do not occur in a systematized way, and the lack of records makes real analysis of the significant processes experienced impossible for the subject.

It is necessary to implement the recording of the evaluations, as this has the potential to support decision-making, including speed in the identification of needs, weak points, advances and improvements, and thus to value and responsabilize the team for the health actions, leading the professionals to commit themselves to the desired results, this being shown to be an effective instrument for monitoring and for periodical reformulation of the actions, as is proposed under Continuing Education⁽¹⁶⁾.

Aspects of the importance attributed to the role of educator

All of the interviewees mentioned the importance of the nurse's role as educator in the process of teaching and learning. This importance is presented in two ways, one of them being a characteristic of this professional due to her performance and skill as a facilitator and motivator of educational activities.

[...] I think that you have to raise awareness [...] I see myself in the role of educator, of motivator, [...] Based on one person's problem, we raise the problem for everybody (Subject 12).

In another way, the importance of the nurse occurred due to her role as discussion leader and as the central figure for the learning to occur.

[...] In the team, I think that it is important, you know, we are here with knowledge to be passing on to the whole team and to be improving the care, [...] I think it is an essential role, [...] And I think I have performed it (Subject 5).

The concept of the nurse's role as educator, attributed due to her performance and skill as facilitator and motivator of educational activities, is close to the concept of Continuing Education, principally in regard to the participative approach, decentralization of the decisions, and interaction within the team⁽²⁾. In contrast, the role of discussion leader and central figure in the educational activities for the learning to occur points to traditional education, due to its vertical character and the passive transmission of knowledge, resulting in less interest and involvement on the part of the team.

When one thinks of a process of teaching and learning directed towards change, rather than investing in filling gaps or shortages of scientific information, the training processes must articulate knowledges which lead to comprehensive understanding of the health-illness process and promote the development of relational skills, creating an opportunity for integration between theory and practice, which results in the exercising of praxis based in exchange, sharing, and horizontalization of power⁽¹⁷⁾.

The subjects' involvement in the processes of change fosters autonomy and protagonism in the processes of health production, contributing to make the care more effective/efficacious and motivating for the workers, which consequently results in a transformation in the ways of working, capable of creating reflection and action, supporting subjectivities and producing new forms of relation of the health workers between themselves and with the service users^(18, 19).

In this perspective, the EPS may be held as a strategic resource for the management of the work, of the care and of the education in health, when it is taken as a strategy for collective learning and for transformation of the work process, which uses critical reflection on the practice for producing changes in the health teams' thinking and acting.

Although the proposal for the EPS was launched by the Pan-American Health Organization (PAHO) at the beginning of the 1980s, and is relatively recent, when one considers the need for a time interval before obtaining a better understanding and appropriation of a policy, one can observe

through the reports some steps that have already been taken. Although the conceptual and practical appropriation of the assumptions of the EPS Policy has not been identified clearly and totally, aspects of a dynamic and continuous character were observed in the construction of the knowledge, the multi-professional relationship, and the vision regarding the need for critical and reflexive thinking. It is possible to note that the strategy is gradually being incorporated⁽²⁰⁾. The construction of the process of EPS as a policy and practice is considered powerful and favorable to the strengthening of the team and the service^(4,12), with a view to the construction of the comprehensiveness of the individual care and of the family and of effective collective interventions.

FINAL CONSIDERATIONS

The study achieved its objectives, given that it was possible to analyze the concepts regarding education, in which it was possible to identify nursing professionals who exercise practices directed to the vertical model of teaching, as well as professionals who present a concept which is directed to the concepts and practices of Continuing Education, and a perspective of more horizontalized educational relations.

Both the tools and the way of using the resources reflected the interviewees' concepts of education. One aspect brings the perspective of collective construction, of the exchanging of experiences, including multi-professional teamwork and methodologies centered on problem resolution. In the other perspective, on the other hand, the concept of verticalized teachings predominated, in which the content may not correspond to the needs of the professional practice in the professionals' world of work or may not encourage the individual's capacity for seeking and constructing knowledge.

The nurse's role as educator, placed as important, presented different attributions, one strengthening the view of traditional teaching, placed as a center of knowledge and through which it is possible to have education; and another attributed to the role of facilitator, which should not impose themes and knowledge for the other professionals, but should encourage and

create an environment which is favorable for joint learning.

Better appropriation of the EPS is therefore necessary in the educational practices, as are investments in changing the training processes of teaching by managers, health workers, lecturers and service users such that there may be changes regarding the educational process which has been limited to the reproduction of the transmission of knowledge. It is noteworthy that EPS can be a powerful tool of management of the work, the education and of the care, making

possible the construction of comprehensive and citizenship-based health in the SUS.

CONTRIBUTORS

Karen Sayuri Mekaro participated in the conception, data collection, analysis of data, and editing of the article. Márcia Niituma Ogata worked in the conception, guidance, editing of the article and revision. Yaisa França contributed in the revision.

CONCEPÇÕES DAS PRÁTICAS EDUCATIVAS DOS ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

Este trabalho tem como objetivo analisar as concepções de educação, que permeiam as práticas dos enfermeiros e seu papel de facilitador na educação permanente. Trata-se de um estudo qualitativo e analítico, com enfermeiros da Estratégia de Saúde da Família de São Carlos/SP. Os dados foram coletados por meio de entrevistas semiestruturadas e submetidos à técnica de análise de conteúdo temático-categorial. Constituíram-se três categorias de análise. Na primeira, identificam-se, nas práticas educativas relatadas, a educação bancária e aproximações com conceitos e práticas de educação permanente. Na segunda, ferramentas utilizadas pelos profissionais, como rodas de conversa e reuniões de equipe, refletiram a concepção de educação permanente. Na última, os entrevistados referiram como importante seu papel de educador e esta se apresentou mais como facilitador do processo do que como fonte de informações. Alguns preceitos da educação permanente mostraram-se incorporados, considerando-a como espaço para organização do trabalho, mas persiste o desafio da desconstrução da prática educacional verticalizada. Aponta-se a necessidade de investimentos na mudança dos processos formadores ensino e serviço de modo a proporcionar o cuidado integral.

Palavras-chave: Capacitação em Serviço. Enfermagem. Prática Profissional.

CONCEPCIONES DE LOS ENFERMEROS DE LA ESTRATEGIA SALUD DE LA FAMILIA DE SUS PRÁCTICAS EDUCATIVAS

RESUMEN

Este trabajo tiene como objetivo analizar las concepciones de educación que permean las prácticas de los enfermeros y el papel de facilitador en la educación permanente. Se trata de un estudio cualitativo y analítico con enfermeros de la Estrategia de Salud de la Familia de São Carlos-São Paulo. Los datos fueron recolectados a través de entrevistas semiestructuradas y sometidos a la técnica de análisis de contenido temático-categorial. Fueron constituidas tres categorías de análisis. En la primera, se identifican, en las prácticas educativas relatadas, la educación bancaria y aproximaciones con conceptos y prácticas de educación permanente. En la segunda, las herramientas utilizadas por los profesionales, como círculos de conversación y reuniones de equipo, reflejaron la concepción de educación permanente. En la última, los entrevistados relataron que su papel de educador es importante, presentándose más como facilitador del proceso que como fuente de información. Algunos preceptos de la educación permanente se muestran incorporados, considerándola como espacio para organización del trabajo, pero persiste el reto de la desconstrucción de la práctica educacional vertical. Se señala la necesidad de invertirse en el cambio de los procesos formadores de enseñanza y servicio para proporcionar el cuidado integral.

Palabras clave: Capacitación en Servicio. Enfermería. Práctica Profesional.

REFERENCES

1. Costa GD, Cezar-Vaz MR, Cardoso S, Soares LS, Saúde da Família: desafios no processo de reorientação do modelo assistencial. *Rev bras enferm.* 2009 jan-fev; 62(1):113-118.
2. Ministério da Saúde (BR). Portaria nº 2.488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para

- a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). Brasília (DF): Ministério da Saúde; 2011.
3. Ministério da Saúde (BR). Portaria nº 648/GM, de 28 de março de 2006. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a Organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agente Comunitários da Saúde (PACS). 2006. [citado 2011 jan 4]. Disponível em: <

http://www.brasilsus.com.br/index.php?option=com_content&view=article&id=899 >.

4. Draganov PB, Friedländer MR, Sanna MC. Andragogia na saúde: estudo bibliométrico. *Esc Anna Nery*. 2011 jan-mar; 15(1):149-56.
5. Costa ICA, Souza, GCA. O SUS nos seus 20 anos: reflexões num contexto de mudanças. *Saude Soc*. 2010 jul-set; 19(3):509-17.
6. Sanes MS. Discursos Possíveis da Educação Permanente na Estratégia Saúde da Família. 2010. [dissertação] Rio Grande (RS): Escola de Enfermagem-FURG; 2010.
7. Ministério da Saúde (BR). Portaria nº 198/GM/MS de 13 de fevereiro de 2004. Institui a Política Nacional de Educação Permanente em Saúde como estratégia do Sistema Único de Saúde para a formação e o desenvolvimento de trabalhadores para o setor. Brasília (DF): Ministério da Saúde; 2004. 14p.
8. Cardoso IM. Rodas de Educação Permanente” na Atenção Básica de Saúde: analisando contribuições. *Saúde Soc*. 2012 maio; 21 sup.1:18-28.
9. Medeiros AC, Pereira QLC, Siqueira HCH, Cecagno D, Moraes CL. Gestão participativa na educação permanente em saúde: olhar das enfermeiras. *Rev bras enferm*. 2010 jan-fev; 63(1):38-42.
10. Minayo MCS. Pesquisa Social: teoria, método e criatividade. 29a ed. Petrópolis (RJ): Vozes; 2010.
11. Oliveira DC. Análise de conteúdo temático – categorial: uma proposta de sistematização. *Rev enferm UERJ*. 2008 out-dez; 16(4):569-76.
12. Freire P. Pedagogia do oprimido. 42a ed. Rio de Janeiro: Paz e Terra; 2005.
13. Silva JAM da, Peduzzi M. Educação no trabalho na atenção primária a saúde: interfaces entre a educação permanente em saúde e o agir comunicativo. *Saúde Soc*. 2011 out-dez; 20(4):1018-1032.
14. Davini M.C. Enfoques, Problemas e Perspectivas na Educação Permanente dos Recursos Humanos de Saúde. In: Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília (DF): Ministério da Saúde; 2009.
15. Cardoso TZ, Pereira, MJB, Campos LVO, Matumoto S, Mishima SM; Fortuna CM, et al. Processo de trabalho de auxiliares e técnicos de enfermagem na Atenção Básica à Saúde. *Rev bras enferm*. 2011 nov-dez; 64(6):1087-1093.
16. Brasil. Ministério da Saúde. Secretaria-Executiva. Subsecretaria de Planejamento e Orçamento. Sistema de Planejamento do SUS: uma construção coletiva - monitoramento e avaliação: processo de formulação, conteúdo e uso dos instrumentos do PlanejaSUS. Brasília (DF): Ministério da Saúde; 2010.
17. Maricondi MA, Chiesa AM. A transformação das práticas educativas em saúde no sentido da escuta como cuidado e presença. *Cienc cuid saude*. 2010 out-dez; 9(4):704-712.
18. Soares RS, Raupp B. Gestão compartilhada: análise e reflexões sobre o processo de implementação em uma unidade de Atenção Primária à Saúde do SUS. *Revista APS*. 2009; 12(4):436-447.
19. Cunha PF, Magajewski F. Gestão participativa e valorização dos trabalhadores: avanços no âmbito do SUS. *Saúde Soc*. 2012 maio; 21 supl.1:71-79.
20. Peduzzi M, Del Guerra DA, Braga CP, Lucena FS, Silva JAM. Atividades Educativas de trabalhadores na Atenção Primária: concepções de educação permanente e de educação continuada em saúde presentes no cotidiano de Unidades Básicas de Saúde de São Paulo. *Interface (Botucatu)*. 2009 jul-set; 13(30):121-34.

Corresponding author: Yaisa França. Av. Maranhão, nº 512, Jardim Pacaembú. CEP: 13.572-390, São Carlos/SP. E-mail: yaidafranca@gmail.com.

Submitted: 18/09/2013

Accepted: 19/05/2014