

Permanent education in healthcare from the perspective of managers and workers of the primary health care

Educação permanente em saúde sob a ótica de gestores e trabalhadores da atenção primária à saúde

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ABSTRACT | INTRODUCTION: The Permanent Education in Health is a political and pedagogical strategy, which aims the qualification and the improvement of the Brazilian National Health System (SUS) on many levels. **OBJECTIVES:** To show the experiences of Permanent Education in Health in the daily routine of the Primary Health Care Teams in the Primary Health Care Units (UBS) in the south area of São Paulo. **MATERIALS AND METHODS:** Qualitative research with workers and managers of Primary Health Care Units in the south area of São Paulo whose references of analysis are the institutional conception of permanent education in health and the micropolitics of management and health care. The data were collected between the months of February and April of 2019, with 25 workers and 05 managers (n=30) through interviews and focal groups. The data were submitted for the analysis of thematic content. **FINDINGS:** Four empirical categories were identified: "Conceptions of PEH", "Actions of the PEH in the reality of the Primary Health Care Units", "Facilitators to the PEH in the daily routine", and "Constraints and barriers to the realization of the PEH in the daily routine". **CONCLUSION:** Despite the influence of the managerialist standard and of the identified barriers that cross the daily routine of the teams, permanent education in health acts in agreement with the principles and guidelines of the Brazilian National Health System (SUS) to the production of the living work in the territories.

KEYWORDS: Continuing education. Brazilian National Health System (SUS). Primary Health Care.

RESUMO | INTRODUÇÃO: A Educação Permanente em Saúde é uma estratégia político pedagógica que objetiva a qualificação e fortalecimento em diversos níveis do Sistema Único de Saúde. **OBJETIVOS:** Apresentar experiências de Educação Permanente em Saúde do cotidiano de Equipes de Saúde da Família em Unidades Básicas de Saúde da zona sul de São Paulo. **MATERIAIS E MÉTODOS:** Pesquisa qualitativa com trabalhadores e gestores de unidades da zona sul de São Paulo, que tem como referências de análise a concepção institucional de educação permanente em saúde e a micropolítica da gestão e do cuidado em saúde. A coleta de dados foi realizada entre os meses de fevereiro e abril de 2019, com 25 trabalhadores e 05 gestores (n=30), por meio de entrevistas e grupos focais. Os dados foram submetidos à análise de conteúdo temática. **RESULTADOS:** Foram identificadas quatro categorias empíricas: "Concepções acerca da EPS", "Ações de EPS na realidade das UBS", "Facilitadores para a EPS no cotidiano" e "Dificultadores ou barreiras para a concretização da EPS no cotidiano". **CONCLUSÃO:** Apesar da influência do modelo gerencialista e das barreiras identificadas que atravessam o cotidiano das equipes, a educação permanente em saúde movimenta ações alinhadas com os princípios e diretrizes do Sistema Único de Saúde para a produção do trabalho vivo nos territórios.

PALAVRAS-CHAVE: Educação continuada. Sistema Único de Saúde. Atenção Primária à Saúde.

Introduction

Regardless of the polysemy around the term Permanent Education in Health (PEH), we use as reference the most current conception which says that PEH is a political-pedagogical strategy that has as its objects the problems and needs that come from the working process in the health care, aiming the qualification and improvement in many organizational and managerial levels of the system; building a path to the uplift of the access, quality and humanization of the services and to strengthen the processes of political-institutional management of the Brazilian National Health System (SUS) in the federation, state, city and local areas.¹

After almost two decades of the creation of the National Politics of Permanent Education in Healthcare (PNEPS), with the inducing of different actions on the technical and superior formation and qualification of the workforce on SUS in the national territory, many advances were done, as it shows on the official data collected during the second cycle of the Improvement of Quality in the Basic Attention Program (PMAQ) (2013), revealing that, in the national panorama, 90% (n=9184) of the Primary Health Care Teams (EqsF) affirmed that had participated of some action of PEH.²

Another aspect observed over the years is the growth of the pioneers' programs of digital and remote education developed by partner institutions of the Open University of SUS (UNA-SUS) that allowed access to 506 educational offers, among short, self-instructional and specialization courses, ensuring the enrollment of a million of health care workers.^{2,3}

However, using as critical and analytical reference the micro-politics of health management and care, we realize that the conduction of the politics of education in healthcare has focused little on the meetings and the living work in health in a larger proposal of PEH, reflecting on and interrogating the standard institution, i.e., the PEH has been strongly characterized as continuing education, constrained to the technical-scientific knowledge, to the update and to the protocol-guided action in health care.⁴

In the practice of the daily routine, the development of actions based on the National Politics of Permanent Education in Healthcare (PNEPS) and the participation of various actors of SUS in permanent and continuing education activities in the microcosm of the territories are influenced by the local management bets, disputes and tensions of the micro politics of the work in healthcare and by diverse obstacles, such as distortion or lack of awareness regarding the PEH as an instrument of management and politics, scarce formation and training, the work overload, the professional devaluation and the vulnerability of the workers with precarious employment relationships.^{4,5}

Regarding São Paulo, specifically, in a rare complexity reflected on the public administration through the contracts of management with many Health Social Organizations (OSS) in an essentially outsourced based model, the managerialist logic seriously affects the work and the health care production, with worse impacts on the Primary Health Care (APS).⁶

Therefore, we propose to show the experiences of PEH in the daily routine of the Primary Health Care Teams (EqSF) in the south area of the city of São Paulo, from the perspective of the workers and managers.

Method

The research used the qualitative approach with the techniques of individual interviews with the managers of the Primary Health Care Units (UBS), and focal groups with the Primary Health Care Teams (EqSF). This approach method was chosen due to the need to decode what the daily routine brings to us. The interviewees gave important data to the understanding of the daily work practice done by them and how these practices influence the final outcome of the work in health care.

The scenery was the south region of the city of São Paulo, in the districts of Campo Limpo and Vila Andrade, where 87 Primary Health Care Teams (EqSF) are located in 13 Primary Health Care Units (UBS), under the public and private management of the City Secretary of Health of São Paulo (SMS-SP) and the Israeli Institute of Social Responsibility of the Israeli Hospital Albert Einstein (IIRS).

The target audience of the study was 25 professionals of health care, members of four EqSF in four UBS and their respective managers (05). In order to find a representative sample, we selected one EqSF of each UBS, consisting of one doctor, one dental surgeon, one nursing assistant, two community health care workers (ACS) and one member of the Family Health Support Center (NASF). We used the following criteria of inclusion: professionals of the EqSF of the UBS that participate in the public and private management between SMS-SP and IIRS; to accept to participate in the research by signing the Term of Informed and Free Consent (TCLE); to be older than 18 years.

The instruments used in the gathering were the semi-structured guide (with discursive questions) for the individual interviews with the managers and the focal group with the professionals of the Primary Health Care Teams.^{6,7}

The questions asked were based on relevant aspects of the research, observing the conceptions (or meanings) of permanent education to the managers and workers of the EqSF, actual actions of PEH in the daily routine and factors considered as facilitators and constraints (or barriers) to the PEH processes in the services.

The individual interviews and the focal groups were done in four meetings in reserved places of the UBS, usually for 60 minutes (minimum of 39 and maximum of 112 minutes) between the months of February and April of 2019. They were recorded in audio and totally transcript for the analysis afterwards.

The obtained data during the phase of gathering information do not speak by themselves. They need a processing called categorization that intends to make the messages contained in the data make sense. The methodology that we use for this work was proposed by Minayo.⁷ It supposes that through the speech of the interviewees emerge thematic categories that help us in the comprehension of the senses and meanings.

For the data analysis, the subjects participating were anonymized and given the names according to the table 1:

Tabela 1. Participantes da pesquisa (São Paulo, SP, Brasil, 2019)

Place	Workers	Managers
UBS A, B, C and D	Doctors (A, B, C e D), Nurses (A, B, C e D), Dental surgeons (A, B, C e D), Nursing assistants (A, B, C e D), Community health care workers (1A, 1B, 1C e 1D) and Community health care workers (2A, 2B, 2C e 2D)	Managers A, B, C e D and Senior Nurse C

Ethical aspects

The research was approved by the Ethics Committee in Research of the Dentistry College of the University of São Paulo, through the report embodied in 2.943.879 of October 5th of 2018, CAAE 98364818.1.0000.0075, assuring the obedience to the ethical procedures established by the resolution 466/12 of the National Council of Ethics in Research (CONEP). The participants of the research signed two similar documents of the term of free and informed consent, offering a guarantee of secrecy, anonymity and the possibility of waiver, according to the regulation of research realized with human beings.

Findings

Thirty professionals of health care from various professional backgrounds working on the EqSF, as discerned in table 1, participated in the research.

The data analysis identified four empirical categories: "Conceptions of PEH", "Actions of the PEH in the reality of the Primary Health Care Units", "Facilitators to the PEH in the daily routine", and "Constraints and barriers to the realization of the PEH in the daily routine". The analysis of the obtained material was made in 3 steps: pre-analysis, examination of the material and the treatment of the results. In the process of coding, for which we used Microsoft Excel®, the authors defined, based on the methodology of the reference, the categories 1, 2, 3 and 4 and the codes associated respectively: Conceptions (C1 to C3, 3 codes); Actions (Ac1 to Ac10, 10 codes), Facilitators (Fac1 to Fac8, 8 codes) and Constraints (or barriers) (Bar 1 to Bar 11, 11 codes).

Category 1: Conceptions of PEH (São Paulo, SP, Brazil, 2019)

The results obtained revealed that the research participants recognize the main features and the conception of PEH in the National Politics of Permanent Education in Healthcare (PNEPS).

Tabela 2. Categoria Concepções

Category Conceptions	Discourses
PEH as a counterbalance to the continuing education	<i>It is the daily education, far beyond that training. The one that is permanent, made in teams and usually happening in the hall or in the weekly meeting. It is an exchange; exchange of experiences, to stay up to date. The education is fundamental. The education is basic (...) ACS 1A (C1).</i>
PEH as a fundamental condition for the service	<i>To me permanent education is the process of reflection of the work process as a whole, where you make the professionals rethink their daily practice and think in actions that can improve the process (...) sine qua non condition. Manager A (C2).</i>

Category 2: Actions of PEH in the reality of the UBS (São Paulo, SP, Brazil, 2019)

During the field immersion, we identified which activities of PEH were usual in the daily service of these EqSF. Following the guide of the focal group, we have used a table available in the instrument of external evaluation for the Primary Health Teams of the PMAQ-AB to facilitate the discussion, starting with the question: which actions or activities of PEH do you see in your daily routine?^{8:10}

Actions were found such as Seminars, Exhibitions, Workshops, Discussion Groups, Live courses, Assistance and Education in health care remotely by telephone and digital solutions (TeleHealth), Remote education course, Exchange of experience, Tutorship/preceptorship and the Basic Health Care Unit as a space of formation.

Tabela 3. Categoria Ações (São Paulo, SP, Brasil, 2019)

Category Actions	Discourses
1. Workshops, Discussion groups	<i>The workshop is frequent and so is the discussion group. Each team has its group (...) I think the group is really a great idea. Nurse C (Ac1).</i> <i>What I think it was very cool in 2018 were the workshops, made with the nursing assistants and ACS. To understand all this process, the work routine, the importance of it, of their house visitation. Every day we learn. Things change constantly. Nursing assistant D (Ac1).</i>
2. Live courses	<i>Live courses. This gives us a multiple view about the same person. Nurse B (Ac2).</i>
7.Exchange of experience	<i>It is an exchange, exchange of experiences (...) ACS1A (Ac2).</i> <i>We have realized exchange of experiences also (...)</i> <i>Nurse B (Ac2).</i>
Meetings	<i>The meetings are a constant permanent education, they happen biweekly. The last one I did was about the old-aged. It is good. Beyond that, we have other meetings with the ACS. The themes are defined according to the needs of the unity. According to the demand. NASF B (Ac3).</i> <i>The meeting is extremely important (talking about the realization of workshop promoted by the NASF); this last one was so good. Every day we have questions and many times we cannot answer, but in the meetings we can solve it (...) ACS 2B (Ac3).</i>
Unknown or absent	<i>What is this RUTE? EqSF A, B, C and D (Ac10).</i> <i>What I miss is the TeleHealth that did not start here. Our collaborators do not have the access to this technology. Manager B (Ac10).</i>
9.UBS as a space of formation	<i>What I usually see today in the UBS is the unity as a space of formation, teaching and learning, with the undergraduate students, residency specialization; among others (...)</i> <i>This here is a teaching center. Manager C (Ac4).</i>

Category 3: Facilitators to the PEH in the daily routine

Then, the professionals of health care and the managers were invited to think about which facilitators could help the occurrence of actions of PEH in the daily routine of the teams. Due to the analysis, we organized subcategories described in table 4.

Tabela 4. Categoria Facilitadores (São Paulo, SP, Brasil, 2019)

Category Facilitators	Discourses
Integration of the team	<i>We have a group on WhatsApp and we talk constantly to answer the patient more quickly. ACS 2B (Fac1).</i>
Motivation	<i>We manage to do a lot of things with nothing (...) you must have the good will. Manager C (Fac2).</i>
Planning	<i>So in this case of promoting the PE, it must come from the initiative of the management; the management needs to think about strategies of workload, of time and planning (...) Manager B (Fac3).</i>
Valorization of the worker	<i>The institution invests quite a lot in the education of the worker. I find this process fantastic. It brings a lot of motivation to the professionals. This aggregates. Nurse A (Fac4).</i>
Guarantee of protected time	<i>I understand that we should do that in the work time. Doctor B (Fac5).</i> <i>If we had a specific time to do the courses, the door would be far more opened. It would be better, for example: you have two hours to do the TeleHealth (...) Doctor C (Fac5).</i>
Valorization of the PEH by the manager	<i>For me (the PE) is a very important tool, it is a process of building and rebuilding in the work. Continuous, sine qua non condition. Manager A (Fac6).</i>

Category 4: Constraints or barriers to the realization of the PEH in the daily routine

Regarding the factors indicated as barriers to the effective practices of PEH in the daily routine of the teams, the evidenced constraints were associated with time use, goals, bureaucracy, physical infrastructure, and technological and human resources (table 5).

Tabela 5. Categoria Dificultadores (São Paulo, SP, Brasil, 2019)

Category Barriers	Discourses
Unavailability of time	<i>Time is little, they do not happen often (the meetings), and in the daily routine I do not see that. We do not have time to do a longer discussion (...)</i> Dental surgeon A (Bar1). <i>Lack of time (...) I understand we should do that at the work time but we are not able to.</i> Doctor B (Bar1).
Overvaluation of goals	<i>We are obliged to fulfill the goals.</i> Dental surgeon A (Bar2). <i>First thing: these goals should be revised (...)</i> Doctor C (Bar2). <i>Live courses? We have goals to achieve and it gets hard to leave the unity.</i> Nurse B (Bar 2). <i>These goals that the unity set for us (...) it gets hard.</i> Nurse A (Bar2).
Bureaucracy	<i>This matter of bureaucracy disturbs too.</i> Nurse A (Bar3). <i>We fill a lot of worksheets, and for what? If we do not see the quality of our work (...)</i> Doctor B (Bar3).
Scarcity of technological resources	<i>We do not have resources, equipment is old, and we do not have multimedia.</i> Nurse B (Bar5). <i>We, the agents, do not have access to a computer. So we see our e-mail and there was a nice course to do, but we missed it.</i> ACS 1A (Bar5).
Work overload	<i>The full schedule is not favorable to this kind of action.</i> Doctor A (Bar7). <i>The demands are too many and they change really fast so we get lost, tired.</i> Nurse B (Bar7).
Insufficient human resources	<i>There is also that when we have a course outside the unity. The demand goes to the people who stay here, it impacts on the service attendance and delay everything.</i> NASF B (Bar6). <i>Other problem is the lack of workers to keep up the work rhythm in the unity, because the lack of workers impacts on the work routine.</i> Nurse B (Bar6).
Inadequate physical infrastructure	<i>Here in the unity the main difficulty is the lack of physical space.</i> NASF B (Bar8). <i>Our biggest trouble is the physical space.</i> Manager A (Bar8). <i>The agents do not have a room, neither the resources to do the courses they are obliged to do, training courses are done in distant places and at difficult times.</i> Doctor C (Bar8). <i>The physical spaces are small.</i> Dental surgeon C (Bar8).

Discussion

About the conceptions of Permanent Education in Healthcare

The Primary Health Care Unit (UBS), as a privileged locus of the SUS, is defined by the politics of health in a formal plan that establishes its goal and its role in society. However, in other plans, there are forces that act in the construction of this ambience and they consist of fields of dispute. The hegemonic medical force, biopolitics and the market, for example, act on the subjectivity of the workers and their relational fields (intersubjectivity). The plans of the medicalized society, of the equipment and medicine industries and of the corporations (represented here by the managerial model), for instance, intersect one another in multiple encounters and disputes, and they create the design of the UBS.¹¹

Far beyond the courses, training, workshops and other devices induced by the PNEPS, it is necessary to comprehend the PEH in a wider conception, from the critical and reflexive perspective of the creative and living work in action, of the meetings (and failures to meet) and disputes that happen in the micro-politics of the management and of the care in the primary healthcare units.¹²

According to the manager, the PEH is a fundamental, “sine qua non” condition, and as an “education in the work and for the work”, it must permeate the service daily, whether in small talks, meetings with protected space to the formation, discussion of cases and therapeutic projects that go far beyond the sporadic qualification of the teams.

The discourse of the ACS shows a PEH coated in relationships and interaction between the actors involved in the processes of work that happened in the UBS, and it is an important device to give a new significance to the hard and soft-hard technologies, and to operate through the soft technologies as central in the spaces of exchange of experiences.¹³

Therefore we agree with Peduzzi et al. (2009), who put in opposite and complementary sides the terms permanent education and continuing education: whereas one of them is based on significant learning, on the action-reflection-action, on the workers as

protagonists in a multi-professional way heading to a change on the hegemonic practices, the other one is supported by education by transmission, uniprofessional and of organizational changes supported by models of classical administration.¹²

However, as indicated by Feuerwerker (2016), the managerialist model does not privilege the space promoted by the PEH, because it focuses on the overvaluation of goals and quantitative indicators, and it strongly influences the daily routine of these workers, and consequently, it is one of the forces that permeate the production of the care in the Primary Health Care.⁶

Actions of Permanent Education in Health

The concept of PEH is polysemous and works in different ways, sometimes oriented to the formation and sometimes as a strategy of management of the care. Some teams use the PEH as a tool to query the practice in health care and to create new strategies for the care, beyond the processes of formation in workshops and meetings.

Despite the different actions of technical, superior, and qualification of the work power formation promoted by the Open University of the SUS (UNASUS), we observed that the EqSF used little or underused the digital education activities.

When we considered the little use or the lack of knowledge about this offers, we listed some factors: the precariousness of physical infrastructure and of computing equipment, disinterest of the workers and/or manager, low quality of the internet and the lack of protected time in the schedule so the workers could have access to the courses.

Barriers and facilitators to the PEH from the perspective of the EqSF and managers

The interviews and focal groups have raised important questions on the daily routine that the EqSF live in in the context of activities of education and formation.

The speech of the dental surgeon A (Table 5) reveals the influence of a dominant logic of the medical work, with its caring core poor and guided to the production of procedures, essentially the number for the number (or the goal just for the goal).⁶⁻¹¹

In accordance with this study, the findings of a research-action realized in the city of Arvorezinha, in the state of Rio Grande do Sul with 33 professionals of the APS showed that the work overload and the lack of infrastructure and the participation of the professionals are barriers to the processes of PEH.¹⁴

Furthermore, the literature indicates some difficulties in the realization of activities of formation and permanent and continuing education that come from many factors, such as: lack of tools for the operation of the politics by the managers, need for an articulation between the levels of the management, lack of qualified professionals who are open to the educational activities, lack of planning, come and go of workers due to the precarious employment relationships and contracts, besides the focus on the divided work by jobs.¹⁵⁻¹⁷

A qualitative study realized in the northwest of Rio Grande do Sul showed that the devaluation of permanent education and the lack of knowledge about the PNEPS and the PEH as a tool of management by the local managers reverberate in many actors involved in the health care in the APS in a negative way.¹⁶

Although constraints and barriers were identified, the workers indicated daily devices that, according to the point of view of the teams, are facilitators to the realization of the practices of PEH in the daily routine, like the team meeting and the development of workshops.

The keeping of spaces to promote the activities of PEH, previous planning, use of active methodologies and integration of the team are facilitator agents that were identified in this city of Rio Grande do Sul. In this study, the guarantee of a protected time, the valuations of the worker and the PEH logic by the manager were also considered facilitators to the practice of PEH in the routine.

Conclusion

When used as a device for care management, in accordance with the principles and guidelines of the SUS, the PEH can promote the reflection and learning from different contexts, interacting with the local singularities, to the production of the living work in action in the territories. When they live the PEH in their daily routine of health care, managers and workers query their practices; they get closer to the concept of PEH as a strategy of management; they create formal and informal spaces to guarantee their meetings, and they recognize themselves as protagonists and as a potency to create knowledge and collective and shared strategies that make difference in the production of care in the SUS.

The contribution of this study is to show the speech of the health professionals, in order to put together a knowledge that has as raw material the opinions, beliefs, values, relationships and human and social actions from the perspective of the actors who are in the scenery of the APS. Managers and workers of different professional categories share their points of view and conceptions, sometimes similar and sometimes different, about the knowledge and the work in health care, and they can go deeper into new studies in the area.

Contributions of the authors

Oliveira IV participated in the conception of the question of the research, methodology delimitation, search and analysis of the data of the research, interpretation of the findings and writing of the scientific article. Silva EAP participated in the gathering and interpretation of the data, in the methodology delimitation, the interpretation of the findings and in the writing of the scientific article. Pereira PBA participated in the interpretation and in the writing of the scientific article. Bonfim D e Zilbovicius C participated in the methodology delimitation and in the writing of the scientific article. Oliveira RN participated in the conception of the question of the research, the methodology delimitation and in the writing of the scientific article. All the authors have revised and approved the final version and they agree with its publishing.

Conflict of interests

No financial, legal or political conflict involving others (government, companies and private institutions, etc) was declared in any aspect of the submitted work (including, but not only, grants or financings, participation on consulting board, study design, manuscript preparation, statistical analysis, etc).

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