

# HEALTH EDUCATION AND PERMANENT EDUCATION: ACTIONS INTEGRATING THE EDUCATIONAL PROCESS OF NURSING

## EDUCAÇÃO EM SAÚDE E EDUCAÇÃO PERMANENTE: AÇÕES QUE INTEGRAM O PROCESSO EDUCATIVO DA ENFERMAGEM

## LA EDUCACIÓN EN SALUD Y LA EDUCACIÓN PERMANENTE: ACCIONES QUE INTEGRAN EL PROCESO EDUCATIVO DE LA ENFERMERÍA

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**Objective:** analyze the actions that integrate the educative process of nurses facilitators of a Nucleus of Permanent Education in entailed Health to a Hospital of Education. **Method:** qualitative research, developed at a teaching hospital. The data were collected by means of documentary analysis and a focus group involving eight nurses and submitted to thematic analysis. **Results:** the education process by nurses involves health education actions, such as groups of users and family members, bedside listening, nursing consultation; as well as continuing education actions, linked to meetings with professional, training and group meetings. **Conclusion:** the actions that integrate the educative process of nurses facilitators of a Nucleus of Permanent Education tied with an education hospital are cross-cutting to the Permanent Education in Health, by means of the education in service and of the education in health.

**Descriptors:** Nursing. Education, continuing. Health Education.

*Objetivo: analisar as ações que integram o processo educativo de enfermeiros facilitadores de um Núcleo de Educação Permanente em Saúde vinculado a um Hospital de Ensino. Método: pesquisa qualitativa, realizada em um hospital de ensino. Os dados foram coletados por meio de análise documental e grupo focal com oito enfermeiras e submetidos à análise temática. Resultados: o processo educativo de enfermeiros perpassa por ações vinculadas à educação em saúde, como grupo de usuários e familiares, escuta à beira do leito, consulta de enfermagem, bem*

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*como ações de educação permanente, que estão vinculados a reuniões com profissionais, capacitações e encontros coletivos. Conclusão: as ações que integram o processo educativo de enfermeiros facilitadores de um Núcleo de Educação Permanente vinculado a um hospital de ensino são transversais à Educação Permanente em Saúde, por meio da educação em serviço e da educação em saúde.*

*Descritores: Enfermagem. Educação continuada. Educação em Saúde.*

*Objetivo: analizar las acciones que integran lo proceso educativo de los enfermeros facilitadores de un Núcleo de Educación Permanente en Salud vinculado a un Hospital Docente. Método: Investigación cualitativa, realizada en un hospital docente. Los datos se recolectaron a través del análisis documental y de un grupo focal con ocho enfermeras y, sometidas al análisis temático. Resultados: el proceso educativo de enfermeros trasciende las acciones vinculadas a la educación en salud, como el grupo de usuarios y los familiares, el oír junto al lecho, la consulta de enfermería, así como las acciones de educación permanente, que están vinculadas a las reuniones con profesionales, capacitaciones y encuentros colectivos. Conclusión: las acciones que integran el proceso educativo de enfermeros facilitadores de un Núcleo de Educación Permanente, vinculado a un hospital docente, son transversales a la Educación Permanente en Salud, a través de la educación en el servicio y de la educación en salud.*

*Descriptores: Enfermería. Educación Permanente. Educación en Salud.*

## Introduction

The discussion on health education is defined by interministerial (Health and Education) policies and strategies, with actions in favor of the consolidation of the Unified Health System (SUS), highlighting the Continuing Health Education Policy (CHEP), which problematizes the process of working with different actors involved. This movement, which establishes strategies for the reorientation of professional training and of the user care logic, makes it necessary to reflect on this theme<sup>(1)</sup>.

Education is something that is part of people's everyday life<sup>(2)</sup>, who learn and teach daily in a wide range of places. Following this logic, education is something that invades daily work. Thus, for each group of people, there is a different education, according to what this group considers important to be part of the subjects' training. In the case of nursing, the actions of this professional group are permeated by educational spaces that take place through dialogues, knowledge of things, life and thought<sup>(3)</sup>. This reveals potential spaces to encourage transformation and modify reality through knowledge and reflection.

Among the various roles that nurses assume, the role of educator is highlighted. According to Federal Nursing Council (COFEN) Resolution 311,

dated February 8, 2007, revoked by Resolution 564 of November 6, 2017, which approved the Ethics Code of Nursing Professionals, this professional participates in actions aimed at satisfying the health needs and the defense of the principles of public health policies<sup>(4)</sup>. These actions, in the context of educational activities, can be linked to the logic of Continuing Education in Health (CEH), which involves health professionals, as well as health education actions developed to serve the health service users and their families.

This study considers health education as an essential care possibility in daily practice, in which nurses can significantly expand their contribution to user, family and community care<sup>(5)</sup>. In order to achieve paradigm shifts in health care, CEH is understood as an important recycling strategy for health teams, as well as for their incorporation into the changes that occur in the labor process<sup>(1)</sup>.

This study is justified by the importance of reflecting on the educational actions of nurses and their role in these activities. The role of nurse educator is not always valued and explored in the work process. Therefore, their actions are considered strategies for daily work and motivate the transformation of behaviors and attitudes, to

permit a better quality of life and the autonomy of the subjects involved, making them active and critical<sup>(5-6)</sup>.

In addition to this, there are spaces such as CEH Centers, which can strengthen educational actions in hospitals and constitute an important strategy to motivate and stimulate changes in health practices<sup>(7)</sup>. In order to understand the relevance of the topic, the research question in this study is: What actions are part of the education process by nurses at a Continuing Education Center in Health affiliated with a teaching hospital? The objective is to analyze the actions in the education process of nurse facilitators at a Continuing Education Center in Health affiliated with a Teaching Hospital.

## Method

This is a qualitative research whose scenario was a Continuing Education Center in Nursing (NEPE) of a public teaching hospital in the state of Rio Grande do Sul, Brazil. This NEPE was created in 2007 to provide a space of help for the institution's nurses and enhance the restructuring of work processes, through educational actions aimed at the qualification of nursing care. Thus, considering the importance of improving the different segments, the NEPE turned into a reference to facilitate new ways of thinking and doing education in the daily routine of nursing services<sup>(8)</sup>.

The nurses who work at this Center, named nurse facilitators, are indicated by the heads of each unit in the teaching hospital to foster the education process in their workplace. Thus, the sample consisted of eight out of 15 individuals, based on the following inclusion criterion: to be a nurse facilitator of NEPE. The others fit into the exclusion criteria: nurses on health/maternity leave, teachers and representatives of the Nursing Board. In this article, considering that most of the nurse facilitators were women, we chose to use the term "nurses" to refer to the research participants.

To select the participants, the CECN was asked to list the nurse facilitators. Next, a simple draw followed, with a subsequent visit to the

nurses drawn in order to confirm their consent to participate in the study and to make an appointment, according to their availability, for the production of the data.

Data collection took place between April and September 2013, through Focus Groups<sup>(9)</sup> aimed at discussing a specific theme: the educational actions developed by the nurse facilitators. Three meetings were held: eight people participated in the first, six in the second and eight in the third. The Focus Groups, held in an auditorium at the hospital in question, were led by a moderator with the help of two observers.

The meetings were developed according to an instrument that contained triggering questions related to the research objectives. Each encounter took two hours on average and was audio-recorded and later transcribed. In addition, the moderator and the observers used a notebook to record the verbal and non-verbal manifestations of the Focus Group members. The inclusion of new participants was not necessary as the saturation of the data was obtained with the initial sample<sup>(10)</sup>.

Data were also produced through documentary analysis, which was based on the minutes of CECN meetings, memoranda and annual reports of activities developed by the members of this centers (plans, proposals, projects, production report); documents filed in the sectors where nursing worked (minutes of nursing meetings, posters of events, trainings, training, health education or documents that could reveal some educational action). The analysis of these documents covered the period since the year the CECN was set up, 2007, until the year 2012.

The data were submitted to thematic analysis, following the steps of pre-analysis, material exploration and treatment of results, inference and interpretation<sup>(9)</sup>. To identify the participants' statements, the code "E" was used, followed by a number (E1, E2, E3 ...). The ethical guidelines contained in National Health Council Resolution 466 were complied with. Approval for this study was obtained from the Research Ethics Committee of the Federal University of Santa Maria, under Opinion 222.262, of March 12, 2013.

## Results

The themes, structured based on the statements of the nurse facilitators, originated the

category: “actions in nurses’ education process: health education and continuing education in health”, as presented in Chart 1.

**Chart 1** – Themes and category resulting from the thematic analysis

Themes	Category
Listening at the bedside; Group of users and family members; Nursing consultations; Meetings with professionals; Training; Dialogue offered by the CECN.	Actions in nurses’ education process: health education and continuing education in health

Source: Created by the authors.

### *Actions in nurses’ education process: health education and continuing education*

In this research, according to the participants, health education, offered through bedside orientations, user and family groups and the nursing consultation, can be defined as spaces of interaction with the user.

*We had, for example, all the bedside orientations. This is viewed as health education [...] In our area there is a lot of orientation at the bedside, due to HIV, due to breastfeeding, care. Instructions related to the babies [...] In relation to the clients, there are some who know very well, others who do not know anything. But we observe that, because of different cultures, very different social and cultural levels, much of this happens at the bedside with the multiprofessional residence. That has become much stronger. (E1).*

E3, below, presents a fundamental element for health education: health promotion.

*There is also the health education axis [...] the approach with the patient directly in the bed and there’s the moment of health promotion [...] It is listening we do and they have the freedom to expose whatever they want, to ask us what they like best and what is bad, what they think is good and what can improve in our unit. (E3).*

Although these health education actions can be perceived as part of daily care in the primary health care network, hospitals are also important spaces in the accomplishment of this kind of educational practices, covering the user/companions/family members.

*There were groups. For example, in neonatal care, there was the parents’ listening group; on the second floor, there is the group for mastectomized women. (E1).*

*So, there [unit where she works], we were able to work together with the family group. During the first hospitalization, the family, patient and the professional coordinated. Today we have a nursing consultation agenda. (E2).*

*On the floor, we would hold a meeting or groups with coffee to give instructions on hand hygiene or a seasonal outbreak, whether it was H1N1 or yellow fever. We worked with the companions too, because they need to know about that. (E5).*

Health education is an inherent activity for nurses, who already present an expanded conception of the user-family-professional triad. The aforementioned statements express that the nurses understand the importance of the user and family’s knowledge about the processes for the promotion of integral care. These actions can be observed when analyzing the CECN reports, in which 23 health education projects were identified in 21 nursing sectors in the period 2008 to 2010. These actions take place in several ways: as support groups; nursing orientations; training and welcoming to users, families and caregivers; preoperative visit; among others.

Health education is a practice developed mainly by nursing, based on the users’ health needs. This was evidenced in the sectors’ meeting minutes, which included the registration of the nursing professionals’ discussions, who identified the need for a closer approximation between the hospitalized users and the nursing team, as they perceived the importance of sharing information about their health-disease

process, aiming to solve their anguish and doubts. In addition, the creation of spaces for health education is provided for in the project to implement the CECN as the main axis of educational activities for the user. These actions are developed because nursing at the institution believes that it can contribute to promote knowledge, autonomy and co-accountability of users and their families.

Against this background, the educational activities the facilitators considered as health education actions signal the development of CEH actions, as they show the concern with the choice of themes according to the users' needs. Participants reported CEH as a possibility to integrate professionals who work in hospital activities. The nurse facilitators at the CECN understand that CEH' actions take place through training, meetings and collective dialogues offered by the Center.

*The CECN is a small group of nurses who, out of joined interests, problematize their work process through dialogue and meaningful learning. (E2).*

The reflection on the daily reality makes the professionals participate in CEH activities, evidencing that they are allocating that time to solve their problems.

*Every time training was held, the group was excited for a long time, because there was a reflection on what they did in the daily routine. What has changed is that now they know why they do it differently or keep doing it like that [...] they ask themselves "why do I do this?". I notice their growth. (E4)*

It is highlighted that E6 understands CEH as in-service education, which arouses reflections on the names and objectives of each educational action that is part of Nursing's activities.

*In terms of in-service education, what we did was, for example, to discuss with the unit which themes, besides the SOPs [Standard Operating Procedures], could be discussed. And there was the aspect of each service's need, what the service itself wanted to work on. And then we tried to work in one way or another. Someone presented the theme during a meeting or provided material for discussion. (E6).*

These statements are in line with the content of the minutes of the nursing meetings in the 11 sectors surveyed, and also of the reports of the CECN's activities. It was observed that, in the period from 2007 to 2012, in-service education

actions prevailed. These were focused on qualifications, courses and training, especially in the selection of topics related to the units' needs, such as the set-up and implementation of Standard Operating Procedures (POPs) and Systematization of Nursing Care (SNC), described and integrated as goals to be achieved in the institution's strategic planning.

It is emphasized that the in-service education actions the nurse facilitators developed refer to continuing education applied to work. For them, as for the rest of the institution, in spite of the conceptual conflicts identified in the literature, in-service education was elected as one of the educational activities that directly involves the role of this professional as an educator in his/her daily work.

E1 and E6 presented the CEH concept based on the needs of each service, which drives the development of the CEH actions at the hospital units.

*Educational actions, meetings, talks, like training. This is what we call sectorial in-service education [...] (E1).*

*There are actions, basically in-service education, the difficulties the group notices in its sector. Psychiatry does once per semester [qualification], the Obstetric Center does, the EC [Emergency Care] does [...] (E6).*

For E5, CEH activities can be transformative, in that a method is used that encourages the development of reflexive and critical reasoning in relation to the work reality:

*If you put the professionals inside an auditorium and want to do in-service education, referring to SOPs [Standard Operating Procedures], for example, and chat. For me that's not CEH. It does not change anyone. Now, if you foster the reasoning in small groups, using a proper method, you can transform the way the person acts based on critical reflection. (E5).*

In this way, even when developing in-service education, a problematizing environment can be created that encourages people to reflect on what is done and leads them to promote awakening to the production of knowledge and transformation of the existing modes of action. The analysis of the projects developed by nursing and registered in the CECN over the six-year period <sup>(2007-2012)</sup> evidenced that the type of activity carried out was qualification, using the dialogued lecture method. This is due to the

influence of the educational model developed in the institution before the implementation of the CECN, guided by the principles of continuing education. Nevertheless, the prevalence of the same method between 2008 and 2012 leads to the realization that the traditional continuing education model still exerted influence on nurses when they planned educational activities in the CECN.

Activities developed in the form of workshops, meetings and seminars could be observed though, albeit timidly, in a perspective of group discussion with the possibility of collective construction. In addition, as could be noticed, the target audience was not limited to a certain professional area. While nurses still served as protagonists, it included interprofessional participation, adding professionals such as nutritionists, physiotherapists, physicians, among others, as well as users in the same space, to discuss a particular topic.

## Discussion

The educational process of the nurses in the study included actions that could cover the users/families, as well as actions taken with the single, multi and interprofessional health team, in order to qualify and develop integrated, humanized and effective care. With regard to health education, it contemplated a teaching-learning process that aimed at health promotion, in which the professional served as a mediator to propose strategies, possibilities and paths with the participation of the entire population in the context of life. This proposal was based on a concept of health that considered it a positive and dynamic state of search for well-being, seeking to integrate the physical/mental, environmental and social aspects<sup>(11)</sup>.

When it comes to health education, it is essential to discuss health promotion first. In Brazil, health promotion is present in several projects, highlighting its role in the Health Education proposal. Health promotion, understood as a possibility of commitment to address intra- and interregional inequities, has

the potential to strengthen the doctrinal and organizational principles of the SUS and favor the promotion of equity<sup>(12)</sup>.

Given these aspects, the need for reflection on the nurses' activities is understandable. In carrying out health education in this perspective, educational interventions should consider the stakeholders' way of thinking and living, with a view to valuing popular knowledge<sup>(13)</sup>. As the research participants pointed out, CEH activities can be powerful strategies for reflection on the nurses' activities in their daily care/management/education.

Therefore, it is important to understand the distinction between the terms. In-service education aims for professional development, considering that the practice inherent in the work process consists of educational actions in the work environment, to enable the professionals to relate what is being transmitted to them with their daily practice<sup>(14)</sup>. In the meantime, CEH proposes meaningful learning at work, in which learning and teaching are incorporated into the daily life of organizations and work and the professional practices can be transformed<sup>(15)</sup>.

In view of these different concepts, the study participants acknowledge them as part of a larger strategy, which is CEH. This is because the CECN of the teaching hospital is structured along axes that contemplate the wider CEH project - health education; in-service education; teaching-service integration; and support for scientific production - and is developed in partnership with the Teaching and Research Management. Thus, the CEH proposal at the Teaching Hospital is developed through the axes that compose the CECN. Therefore, CEH contemplates health education and in-service education actions. The factor that distinguishes these two types of educational actions is the target audience: health education is aimed at users, their families and support networks; in-service education at health workers.

Thus, for the research participants, the concept of in-service education also applies to CEH. Nevertheless, in a study, it is shown that the knowledge produced about the CEH

and in-service processes differs, despite being complementary and non-exclusive of each practice<sup>(14)</sup>. CEH can be equivalent to in-service education, provided that it is not only performed in a hierarchical way, without problematizations and significant learning. Despite these differences, what matters is that professionals perceive that the name is irrelevant but that it is important to understand what method to use in the development of education at work.

It is clear that the CEH and health education actions should not be developed distinctly from the nurses' practices, but rather as processes that lead to learning, considering their specificities as educational action<sup>(16)</sup>. With regard to health education, activities such as bedside listening, groups of users and family members and nursing consultations can be considered practices that aim for the integrality of the individual, as they can be extended to all spaces and exercised at all times in care, as well as at times of integration among professional/user/family<sup>(17)</sup>.

In this sense, it is important to emphasize that this educational model involves the ability to observe individuals in a unique way, with their own values, beliefs and habits<sup>(11)</sup>. In these terms, the nursing professionals need to develop skills that allow them to have a broader view of care, their actions being permeated by the educational process directed at the other. This shows greater preparation, justifying why these professionals lead the commitment to leverage the educational processes directed at users and family members<sup>(16)</sup>.

Thus, CEH stands out when, based on cooperative work with health education institutions and practices, it promotes the recognition of problems the health team experiences and the organization of institutional actions, resting on the pedagogical logic of involving groups<sup>(18)</sup>. In view of the above, the concept of health education can take on a broader dimension, when it is accepted as a way to enable the transformation of the professional activity sphere, concerning the subjects' professional development of the subjects through the learning process this educational modality

can arouse, resulting in a dynamic and complex value-mediated movement<sup>(11)</sup>.

A study argues that different educational models, despite presenting different methods in their mode of development, can be complementary when developed to produce transformations in the way of thinking and doing in the health professionals' daily life<sup>(19)</sup>. In this sense, the CEH's proposal, which aims to reorient care organization and practice strategies, is built in the teams' practice through the identification of problems that affect daily work in health care and work organization. It is through the problematization of the process and the quality and effectiveness of the work in each service that the actual qualification needs are identified<sup>(7,16)</sup>.

This is particularly important when considering this of educational modality in institutions that demand highly complex actions, as is the case of the institution under study, also requiring skilled professionals to operate with new technologies. It must be ensured, however, that these training and qualification activities are not potentially linked to the technical character, nor should they be the only means for the professional to qualify for the job. Also, it should serve as an instrument for the reflection, innovation and transformation sought in CEH guidelines<sup>(20)</sup>.

The study<sup>(7)</sup> points out that nurses are the most prepared professionals to take on this role, but need to appropriate themselves of this activity, due to its importance as a transformative social practice for the system users and for the autonomy of the profession. In this sense, notably in the nurses' daily practices, according to the reality experienced, it is observed that the health education and CEH activities are still permeated with contradictions. To understand it, the health professionals, especially the nurses, need to consider the new forms of social relations and the health needs of the population, with a view to overcoming the limited practices in producing health.

The limitations of this study related to the fact that it was carried out in a teaching hospital of a specific geographic region, being restricted to a specific social context. It is known that not all

health services, especially hospitals, being the space this study refers to, have an environment such as the CECN, which promotes these reflections, seeks to unite nurses and invites them to reflect. Therefore, this study intends to encourage these reflections, intending to visualize ways towards a more empowered and challenging Nursing. It is also intended to contribute to the dissemination of the power of the CEH centers. These educational actions proposed by the CECN are substantial in the development of the Health Humanization and Promotion policy, demonstrating the importance of promoting the empowerment of users and their families in a context where changes prevail.

## Conclusion

The nurses develop CEH actions daily, which include health education and in-service education actions. The nurse facilitators of the CECN realize that all the educational actions are contemplated in a larger proposal, which is the CEH. Much of this understanding is due to the way in which the CECN was structured and organized. The cross-sectional nature of the concepts was the highlight of this production, based on which we could consider that in-service education and health education cut across the CEH. Thus, it can be concluded that the actions in the educational process of nurses facilitators at a Continuing Education Center affiliated with a teaching hospital cut across continuing education in health, through in-service education and health education.

Health education is permeated by health promotion. Therefore, the importance of investing in the discussion of this interrelation in the hospital context to discover these possibilities of implementation is essential in the consolidation of SUS principles. Based on this understanding, this study innovates by considering that CEH, developed by a device such as the CECN, is a strategy that supports the development of health education and in-service education actions, provided that they are operated through methods that promote people's empowerment,

professional qualification based on users' needs and the consolidation of SUS principles.

This study contributed by considering the CECN as a space that promotes CEH, which seeks to offer nurses and nursing staff support to build the role of nurse educator. Regarding the role of nurses who, in their work, develop educational actions related to health education and in-service education, they should develop a critical self-analysis about their professional preparation as educators, asking themselves the following questions: *How do I perceive how I act and think as an educator? Am I prepared for and do I take on the role of educator? How? What are my pedagogical concepts and personal and professional difficulties?* Based on these study results, the importance of developing further research should be highlighted, focusing on the strategies to assess the actions and to monitor their effects in the nurses' daily work, as well as the challenges they face to maintain this space and to articulate with the management.

## Collaborations:

1. conception, design, analysis and interpretation of data: Claudia Rosane Perico Lavich, Marlene Gomes Terra, Cristiane Trivisio Arnemann and Amanda Lemos Mello;

2. writing of the article and relevant critical review of the intellectual content: Claudia Rosane Perico Lavich, Marlene Gomes Terra, Cristiane Trivisio Arnemann, Amanda Lemos Mello and Michele Raddatz;

3. final approval of the version to be published: Claudia Rosane Perico Lavich, Marlene Gomes Terra, Cristiane Trivisio Arnemann, Amanda Lemos Mello and Michele Raddatz.

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