

PERCEPTIONS OF NURSES AND DOCTORS ON EDUCATIONAL INTERVENTION REGARDING THE SIMPLIFIED NEUROLOGICAL ASSESSMENT OF LEPROSY

PERCEPÇÕES DE ENFERMEIROS E MÉDICOS SOBRE INTERVENÇÃO EDUCATIVA ACERCA DA AVALIAÇÃO NEUROLÓGICA SIMPLIFICADA DA HANSENÍASE

PERCEPCIONES DE ENFERMEROS Y MÉDICOS SOBRE LA INTERVENCIÓN EDUCATIVA EN LA EVALUACIÓN NEUROLÓGICA SIMPLIFICADA DE LA LEPROSIA

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How to cite this article: Nóbrega, MM, Santana, EMF, Brito, KKG, Antas, EMV, Pacheco, FCS, Oliveira, SHS, Soares, MJGO. Perceptions of nurses and doctors on educational intervention regarding the simplified neurological assessment of leprosy. *Rev. baiana enferm.* 2024;38:e59790.

Objective: to analyze the perceptions of nurses and doctors on the educational intervention regarding the simplified neurological assessment of leprosy. **Method:** descriptive qualitative research carried out through interviews with nurses and doctors in primary health care. The content of these interviews was analyzed using the Bardin method and discussed according to the literature on Permanent Health Education. **Results:** 24 social actors participated in the study. A thematic category subdivided into three subcategories was generated. The participants satisfactorily perceived the intervention as a health education strategy to redefine care, which led to the practical application of the neurological assessment, and they also affirmed the importance of conducting health education to enrich knowledge. **Final considerations:** the participants presented mostly satisfactory perceptions about their experiences. They perceived intervention as an essential instructive element for changing their professional practices in primary health care. It is encouraged that further interventionist studies in this scenario be carried out and duly assessed.

Descriptors: Leprosy. Nursing. Education. People with Disabilities. Qualitative Research.

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Objetivo: analisar as percepções de enfermeiros e médicos acerca de intervenção educativa sobre a avaliação neurológica simplificada da hanseníase. Método: pesquisa descritiva qualitativa realizada por meio de entrevistas com enfermeiros e médicos da atenção primária em saúde. O conteúdo das entrevistas foi analisado pelo método de Bardin e discutidas conforme a literatura acerca da Educação Permanente em Saúde. Resultados: 24 atores sociais participaram do estudo. Uma categoria temática subdividida em três subcategorias foram geradas. Os participantes perceberam satisfatoriamente a intervenção como estratégia de educação na saúde para ressignificar o cuidado com consequente aplicação prática da avaliação neurológica e afirmaram a importância de se realizar educação na saúde para enriquecer conhecimentos. Considerações finais: os participantes apresentaram percepções majoritariamente satisfatórias sobre experiências. Perceberam a intervenção como elemento instrutivo essencial para mudança em suas práticas profissionais da atenção primária. Encoraja-se que novos estudos intervencionistas nesse cenário sejam realizados e avaliados.

Descritores: Hanseníase. Enfermagem. Educação. Pessoas com Deficiência. Pesquisa Qualitativa.

Objetivo: analizar las percepciones de enfermeros y médicos sobre la intervención educativa en la evaluación neurológica simplificada de la lepra. Método: investigación descriptiva cualitativa realizada a través de entrevistas a enfermeros y médicos de atención primaria de salud. El contenido de las entrevistas se analizó mediante el método de Bardin y fue discutido según la literatura sobre Educación Continua en Salud. Resultados: participaron del estudio 24 actores sociales. Se generó una categoría temática subdividida en tres subcategorías. Los participantes percibieron satisfactoriamente la intervención como una estrategia de educación en salud para ressignificar el cuidado con la consecuente aplicación práctica de la evaluación neurológica y afirmaron la importancia de utilizar la educación en salud para enriquecer el conocimiento. Consideraciones finales: los participantes presentaron percepciones mayoritariamente satisfactorias sobre las experiencias. Percibieron la intervención como un elemento instructivo esencial para cambiar sus prácticas profesionales de atención primaria. Se recomienda que se realicen y evalúen nuevos estudios de intervención en este escenario.

Descriptores: Lepra. Enfermería. Educación. Personas con Discapacidad. Investigación Cualitativa.

Introduction

In the context of infectious, tropical, neglected diseases that deserve nursing attention to be eradicated, there is leprosy, caused by bacteria of the genus *Mycobacterium*, which deteriorate the axonal myelin sheath in nerve fibers and trunks and lead to the development of significant disabilities and long-lasting physical deformities, especially in the face and limbs⁽¹⁾.

These implications can be avoided with strategies for disability prevention (DP) such as early diagnosis and treatment through active search, education in health, self-care and contact surveillance. DP is part of the protocol of care for individuals with leprosy and permeates health care networks, with emphasis on its implementation in the Family Health Strategy (FHS)⁽²⁾.

Within the disability prevention scope, the Simplified Neurological Assessment (SNA) is an essential tool in the examination of neural and physical integrity for detecting important changes and classifying the Degree of Physical Disability (DPD), which considers motor and

sensory alterations in the eyes, hands and feet, ranging from grade zero to grade two⁽²⁾. Its use helps in taking the necessary steps for treatment and rehabilitation, strengthens control and surveillance actions aimed at reducing physical, emotional and social sequelae, in addition to contributing to quality care⁽³⁾.

However, although DP in Brazil has been historically advocated and SNA has been a prevention strategy recommended since 1977 by the Ministry of Health⁽⁴⁾, its protocol characteristics have been compromised when its objectives that include the assessment of neural integrity and the detection of the DPD among users in the Family Health Strategy fail to be met.

Scientific research on leprosy conducted in the capital of the state of Paraíba identified deficiencies in its implementation, evidenced by the lack of records in the patient's clinical history and by the limited theoretical and practical knowledge of the professionals^(5,6). It is interesting to highlight that this is a national reality.

Research projects have shown weaknesses in the care of people with leprosy which are linked to the centralization of care as well as to the limitations found in the professionals' knowledge and attitudes⁽⁷⁻⁸⁾.

The results of these studies converge when it comes to the limited knowledge of health professionals on leprosy, thus resulting in care failures, in addition to reflecting data found in cases diagnosed as DPD grade 2 and not assessed⁽⁹⁾. To solve them, it is necessary to urgently educate and raise awareness among these professionals, especially regarding the implementation of the SNA for early detecting neuritis, important neural and physical alterations, monitoring cases and controlling diseases.

An intervention study was then conducted to analyze the knowledge and attitudes of nurses and doctors from the FHS located in the city of João Pessoa before and after carrying out the educational intervention on the DPD and the SNA⁽³⁾. The intervention was innovative for using David Ausubel's Meaningful Learning Theory and its constructivist assumptions as its theoretical basis, in addition to being aligned with the National Policy for Permanent Health Education. Permanent Health Education (PHE) promotes health education actions that arise from the needs of the professionals and are incorporated into their daily work process⁽¹⁰⁾.

Once the educational intervention has been implemented and knowing how effective it is to the knowledge and attitude of the professionals from a quantitative approach, an assessment follow-up is required, from a qualitative perspective, so that the professionals can understand its meaning and learn how the action was made effective based on their verbalization. The study pointed out a scarcity of qualitative evaluation of the educational interventions carried out on leprosy, failing to have the same level of commitment shown in their creation and implementation stages⁽⁸⁾.

In addition to the spectrum measurable by the quantitative approach, knowledge, opinions and paradigmatic changes caused by the experiences acquired and the effects of the interventionist

nature among individuals are established, which are best expressed by phenomenological and hermeneutic approaches. Furthermore, the perceptions and repercussions of the interventions cannot and should not be neglected, as they bring the opportunity to understand the experience and the *how* and *why* of the results.

In this sense, the following question was asked: what are the perceptions of nurses and doctors regarding the educational intervention on the SNA of people with leprosy? Based on this question, the objective was to analyze the perceptions of nurses and doctors regarding the educational intervention on the SNA of people with leprosy.

Method

This is descriptive research with a qualitative approach, carried out with nurses and doctors from the FHS of João Pessoa, Paraíba, Brazil, who participated in a previous educational intervention based on the National Policy for Permanent Health Education and designed according to the assumptions of David Ausubel's Meaningful Learning Theory⁽³⁾. This study was structured according to the *Consolidated criteria for reporting qualitative research – COREQ*⁽¹¹⁾.

From a total consolidated number of 153 participants in the base project (intervention), attendance at all four meetings was established as an inclusion criterion for this qualitative segment, as it was understood that the absence from one of these meetings would harm the complete learning experience, especially when it comes to an important and, at the same time, neglected subject in the context of Primary Care. Thus, 47 professionals were identified as eligible for the data collection stage.

The professionals were invited by the head researcher to voluntarily and anonymously participate in the study via telephone calls and/or instant messages via *WhatsApp Messenger*. The researcher was part of the research team of the intervention study and has experience in research projects on leprosy carried out with health professionals. Telephone numbers were

obtained with the consent of the participants, who provided this information in the instruments of the primary study. If contact was successfully made, the research project would be presented, and the head researcher would introduce himself and then highlight the importance of the individuals' participation. If the professional agreed to participate, an appointment was scheduled according to their availability. Of the 47 eligible professionals, 15 refused to participate and nine could not be reached, resulting in 24 participants.

Data collection took place between August 2020 and April 2021. Due to the current scenario of the COVID-19 pandemic, following the recommendations of Public Health Agencies, data collection had to be readjusted from in-person to a remote, *online* format, in which only the interviewer and the participant were involved via video calls on *WhatsApp Messenger*. This application was chosen because it is widely used and easily manageable. Following the participant's availability, the interview would be carried out from any location of their choice with Internet access, either from their home or workplace. It was preferred not to use the theoretical data saturation criterion as the number of eligible participants was manageable.

To guide data collection, a semi-structured form was prepared containing the following items: identification of the head researcher, reading of the free and informed consent form, initial question ("icebreaker") "Tell me a little about your training and what were your experiences with leprosy patients?", recap of the activities in the educational intervention and the following guiding question: What was it like for you to participate in the training on the SNA of people with leprosy?. To complement ideas and reflections, other questions and field notes were developed during the interviews, based on the answers given by the interviewees.

The interviews were recorded in audio and video, lasted an average of 18 minutes, and were transcribed *ad verbatim*, in a naturalistic manner, to preserve all the content. They were later reproduced again to confirm the veracity of the

transcription and remove any language errors, grammar mistakes, agreement and/or spelling errors, resulting in a final version in which the essence of the meanings was preserved. To guarantee the anonymity of the participants, the coding letters "N" for nurses and "D" for doctors were adopted, as well as Arabic numerals to indicate the sequence of the interviewees.

The transcripts were then analyzed using the Bardin method. This method consists of three stages: pre-analysis, in which all transcribed data were initially read for preliminary selection of the *corpus-based* material according to its relevance to the proposed objectives; exploration of the material, in which the material was cut out and coded in a spreadsheet according to its content-based thematic similarities; and data processing, in which the researcher interprets the data and makes inferences for discussion⁽¹²⁾. In this study, the speeches were discussed considering the PHE policy.

The research was assessed and approved by the board of the Postgraduate Program of the *Universidade Federal da Paraíba*, by the Municipal Health Department of the city of João Pessoa and by the Research Ethics Committee of the Health Sciences Center of the *UFPB*, report no. 4.003.217. Throughout the research project, resolution no. 466/2012 of the National Health Council was duly followed⁽¹³⁾. Confirmation or refusal to participate in the research was given verbally by the participants after the Free and Informed Consent Form (TCLE) was read and a copy was sent to their e-mail.

Results

Characterization of the participants and content-based thematic category

The study included 24 social actors, 18 nurses and six doctors. Regarding gender, women predominated, totaling 21. The average age of the participants was 47 years old, ranging from 27 to 70 years old. 22 participants stated that they had already cared for people with leprosy,

however, only ten had participated in previous training programs on the disease. It was found that the group was heterogeneous in terms of time since graduation, with an average of 21 years since graduation, the most recent having graduated one year ago and the oldest 44 years ago, but regardless of this fact, almost all of them have already had some experience providing care to people with leprosy.

The content analysis of the speeches generated the thematic category *Contributions of permanent health education to the SNA of patients with leprosy* and the following subcategories: I - The importance of PHE-based educational intervention on the SNA; II - Reconnection with leprosy; III - Educational intervention as a way to redefine Care

Subcategory I - The importance of PHE-based educational intervention on the SNA

The content of the participants' speeches points to the importance of educational intervention as a PHE-based strategy in view of the relevance of the SNA and its implementation and recognition at a Primary Health Care level, as well as in doubts about clinical practice. Furthermore, the participants perceived the intervention as a way to enrich their theoretical-practical knowledge in view of the intellectual demand imposed in the practice of nurses and doctors, as well as the need for continuous learning by increasing the promotion of health education actions and updating their theoretical-practical knowledge on the disease for better delivery of care:

[...] we knew all the theory and everything else about leprosy, but we didn't know about the different types, forms, how to properly perform palpation, how to identify, differentiate [...] (N9)

When the training program came up, we were monitoring a girl, so it was really interesting because it broadened my perspective on her, I was able to notice some other things that I couldn't see before. (N15)

Personally, I believe all training is valid. Especially in an area that is closely linked to the work of the nursing team in primary care. All that has been discussed was very important, it was enlightening, it was exactly what we should know on day-to-day practice, that is, knowing how to diagnose, how to perform full physical examination, know all about the neurological issue, strength capacity. (N16)

Our education is continuous, you know, so, we have to always keep our brains working. (N1)

I think these training programs could be continuous. It would be nice to have continuing education, to always have this regular training. I find it super valid. (D4)

[We] could be accommodated in the healthcare centers, [we] could be like, 'Oh, I'm not attending this training...' I for one am always supporting this idea of 'Guys, this is what moves us! We must go for it, otherwise we'll get stuck here. (D2)

[...] we don't really have much time for (educational activities) focused on Hansen's disease, tuberculosis, diseases that shouldn't really take much of our time, we're not really available... continuing education. Continuing education is very important. (D3)

Subcategory II - Reconnection with leprosy

The intervention also provided an opportunity for professionals to (re)connect with leprosy, which, according to the participants' speeches, is not a topic frequently addressed in their academic training or in management training like other chronic diseases that have more visibility in primary health care:

[...] since I started working in primary care, I had not had any training on leprosy until then [...] (N2)

It had been many years, right, it's been so long since the health department had promoted an update at the level that you guys provided us with [...] (N3)

I really miss having this type of training in the Family Health Program and this training program was very enriching for me [...] (N6)

[...] And we do miss having more training. We miss having a professional closer to us, with more experience, giving us guidance, giving us that feedback [...] It's impressive how much training we need in the nursing area. (N16)

[...] It was very positive; this was a topic that I struggled with in my studies and that we all have some trouble with. (D6)

But having this opportunity to assess, to learn about it more deeply, to learn more about the medication, the reactions, I didn't get to see any of that in college, and even then, that was many years ago. (N17)

Subcategory III - Educational intervention as a way to redefine Care

On the other hand, the intervention made it possible to redefine care based on a positive change in knowledge and attitude aimed at caring for patients with leprosy, evidenced by factors such as shift in clinical perspective, integration of

the multidisciplinary team and possible practical implementation of the SNA:

[...] After the training, I was able to think of some things that I couldn't before. [...] Checking those eye symptoms, performing the physical exam, I had forgotten about all these things. (N2)

[...] now I'm able to get a better picture, to better analyze the degree of disability, you know? Knowing what is grade one, grade two. (N5)

[...] a teenager came in with a foot drop. I went to check on him with a clinical eye, which I don't think I had before this training. So, my clinical perspective changed, when I see a spot on the patient's skin, I'm quick to touch it, feel it, do a physical exam. But if I hadn't taken this course with you guys, maybe I wouldn't have the required skills to do it, to perform this exam. (N11)

[...] I've never had that many patients with Hansen's disease; I didn't really have much experience with leprosy. I still don't know if I feel 100% confident in reaching a diagnosis together with the doctor, you know? But, like, I already know how to do a lot of things, I'm no longer an outsider like I used to be. (N14)

Nowadays, when I take on a patient, I know how to use the esthesiometer, I already know how to handle things, I already know how to palpate the nerves, which I had forgotten how to do. (D1)

Even my clinical perspective has improved. Although I already had a very basic understanding, after the course I can do much better! (N18)

Discussion

The educational intervention was designed according to the purpose established by the Permanent Health Education (PHE) guidelines, which considers the needs and problems encountered in the field of practice, in the real scenario, aimed at educating the workers, turning them into reflective and critical actors in their practices and consequently, transforming their reality⁽¹⁴⁾. However, it is important to highlight the misuse of the terms “continuing education” in the speeches of N1 and D4, and “training” in the speeches of other participants, used in the sense of planning ongoing health education activities such as PHE-based strategies, and not aligned to the proper concept of the term, which refers to specific training and qualifications that meet the recommendations established by the PHE guidelines.

There are conceptual differences between the two types of education - continuing and

permanent. *Continuing education* consists of teaching actions for professionals in a specific, sporadic, uniprofessional manner, disconnected from reality and its need arises from the work process, in addition, they are aimed at updating knowledge passively through knowledge transfer techniques, without taking into account previous knowledge and the construction of new knowledge⁽¹⁵⁾.

In contrast, *permanent education* actions are refined to achieve objectives, as they propose to incorporate teaching and learning into the institutional routine, remodeling the spaces of practice and the work process, using problems encountered in the work process as a source of knowledge for participants to actively build their own⁽¹⁵⁾.

Therefore, it is evident that there is still confusion regarding the conceptual use of the terms mentioned by the professionals. It is essential that they are able to distinguish these two types of education and know when each is necessary, as they are the basis for recognizing the real needs arising from the work process and their resolutions, especially when faced with changes in health care protocols and, in this case, with the SNA, which for some participants was something new as they had not developed or learned about it before the intervention.

In fact, leprosy may not be a deeply explored topic in academic training and/or health education actions when compared to other pathologies or health contexts related to PHC care. Still, it must be addressed and debated during training courses regarding its pathological and social aspects⁽¹⁶⁾.

Research on the teaching of leprosy in an undergraduate nursing course revealed important data. The sample of students who had classes on the disease in their curriculum obtained higher scores on the research survey; however, 60% did not consider themselves confident enough to carry out leprosy control actions⁽¹⁷⁾. Converging the data, a study carried out in undergraduate nursing courses in the state of Paraíba discovered that low workload in the curriculum was one of the influential factors, making a practical module essential to consolidate the learning process⁽¹⁸⁾.

However, given that in this research the study of leprosy during academic training was superficial and that the scarce supply of training programs in the area is a reality, its national endemicity cannot be denied, according to official epidemiological data⁽⁹⁾, and it is crucial that this subject becomes prominent both in undergraduate courses and in PHE-based actions to educate workers and supply the lack of educational health actions focused on the disease, which contributes to further obscuring its endemicity, influences underreporting, reinforces its negligence by the authorities and undermines control and elimination actions established in official strategy plans.

The use of an approach to actively construct knowledge has already been used in other interventionist studies aimed at educating professionals in Primary Health Care. Doctoral research followed the premises of the Maguerez arc and the problematizing methodology for permanent education of nurses regarding diabetic foot care. The results showed a positive change in their theoretical and practical knowledge after the intervention⁽¹⁹⁾. Complementarily, a qualitative research project investigated the perceptions of the participants in a previous intervention and also revealed that their clinical outlook was redefined when caring for patients with diabetic foot⁽²⁰⁾.

Along the same lines, an interventionist study used the assumptions of the Meaningful Learning Theory to support permanent education aimed at Primary Health Care professionals who care for people with venous ulcers⁽²¹⁾. The intervention caused a positive change in their knowledge, comparing it before and after, and in the clinical view of these professionals when caring for patients in Primary Health Care.

Therefore, the content of the speeches revealed that significant changes in the knowledge of professionals are possible when the learning process is encouraged by active strategies based on the National Policy for Permanent Health Education (Portuguese Acronym: PNEPS).

Final Considerations

The participants' speeches showed mostly satisfactory perceptions regarding their experiences. Based on a perceptive analysis, it was found that most participants experienced significant learning resulting from the theoretical and methodological structure of the intervention, as it complies with the prerogatives of a Permanent Health Education action, which took into account the context of the professionals and led them to have better knowledge and attitudes, in addition to teaching them about leprosy and simplified neurological assessment.

Furthermore, the participants perceived the intervention as an essential instructive element for changing their professional practices in primary health care when caring for patients with leprosy, as established in the Permanent Health Education guidelines.

It is concluded that permanent health education is an immense opportunity to educate and re-educate health professionals, awaken their thoughts about the disease, its complications and the need for neurological evaluation, in addition to creating change in the work process for carrying out the SNA of patients with leprosy in PHC, in order to institutionalize the Disability Prevention policy and train individuals so that they can be aware of their practices and able to build knowledge.

Collaborations:

1 – conception and planning of the project: Matheus de Medeiros Nóbrega, Emanuelle Malzac Freire de Santana, Karen Krystine Gonçalves de Brito, Ester Missias Villaverde Antas, Flávia Cristina dos Santos Pacheco, Simone Helena dos Santos Oliveira e Maria Julia Guimarães Oliveira Soares;

2 – analysis and interpretation of data: Matheus de Medeiros Nóbrega e Emanuelle Malzac Freire de Santana;

3 – writing and/or critical review: Matheus de Medeiros Nóbrega, Emanuelle Malzac Freire de Santana, Karen Krystine Gonçalves de Brito, Ester Missias Villaverde Antas, Flávia Cristina dos Santos Pacheco, Simone Helena dos Santos Oliveira e Maria Julia Guimarães Oliveira Soares;

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Conflicts of interest

There are no conflicts of interest.

References

1. Chen K-H, Lin C-Y, Su S-B, Chen K-T. Leprosy: A Review of Epidemiology, Clinical Diagnosis, and Management. *J Trop Med*. 2022;2022:8652062. DOI: 10.1155/2022/8652062
2. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis. Protocolo Clínico e Diretrizes Terapêuticas da Hanseníase [Internet]. Brasília (DF); 2022 [cited 2024 Feb 03]. Available from: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/h/hanseniaze/publicacoes/protocolo-clinico-e-diretrizes-terapeuticas-da-hanseniaze-2022>
3. Santana EMF, Brito KKG, Antas EMV, Nóbrega MM, Carvalho PS, Pacheco FCS, Leadebal ODCP, Nogueira JA, Soares MJGO, Oliveira SHS. Adequabilidade do conhecimento e atitude de profissionais na avaliação das incapacidades hansênicas. *REAS*. 2024;24(1):e13946. DOI: 10.25248/reas.e13946.2024
4. Santos AR, Ignotti E. Prevenção de incapacidade física por hanseníase no Brasil: análise histórica. *Cien Saude Colet*. 2020;25(10):3731-44. DOI: 10.1590/1413-812320202510.30262018
5. Brito KKG. Adesão ao autocuidado na hanseníase à luz da teoria de Everett Rogers [tese]. João Pessoa (PB): Universidade Federal da Paraíba; 2018.
6. Carvalho PS, Brito KKG, Santana EMF, Lima SM, Andrade SSC, Nóbrega MM, et al. Autocuidado em hanseníase: comportamento de usuários atendidos na rede de atenção primária à saúde. *Enferm Bras*. 2019;18(3):398-405. DOI: 10.33233/eb.v18i3.2508
7. Girão Neta OA, Arruda GMMS, Carvalho MMB, Gadelha RRM. Percepção dos Profissionais de Saúde e Gestores sobre a Atenção em Hanseníase na Estratégia Saúde da Família. *Rev Bras Prom Saúde*. 2017;30(2):239-48. DOI: 10.5020/18061230.2017
8. Souza ALA, Feliciano KVO, Mendes MFM. Family Health Strategy professionals' view on the effects of Hansen's disease training. *Rev Esc Enferm USP*. 2015;49(4):610-8. DOI: 10.1590/S0080-623420150000400011
9. Brasil. Departamento de Informática do SUS. Hanseníase – Indicadores Operacionais e Epidemiológicos 2021 [Internet]. Brasília; 2021 [cited 2024 Feb 02]. Available from: <https://datasus.saude.gov.br/acesso-a-informacao/casos-de-hanseniaze-desde-2001-sinan/>
10. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Política Nacional de Educação Permanente em Saúde: o que se tem produzido para seu fortalecimento? [Internet]. Brasília; 2009 [cited 2024 Feb 02] Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude_fortalecimento.pdf
11. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-57. DOI: 10.1093/intqhc/mzm042
12. Bardin L. Análise de conteúdo. São Paulo (SP): Edições 70; 2016.
13. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. Brasília (DF); 2012 [cited 2024 Feb 02]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
14. Ferreira L, Barbosa JSA, Esposti CDD, Cruz MM. Educação Permanente em Saúde na atenção primária: uma revisão integrativa da literatura. *Saude debate*. 2019;43(120):223-39. DOI: 10.1590/0103-1104201912017
15. Peixoto LS, Gonçalves LC, Costa TD, Tavares CMM, Cavalcanti ACD, Cortez EA. Educación permanente, continua y en servicio; desvelando sus conceptos.

- Enferm. Glob [Internet]. 2013 [cited 2024 Feb 02];29;324-40. Available from: <https://scielo.isciii.es/pdf/eg/v12n29/revision1.pdf>
17. Palacio MAV, Takenami I, Gonçalves LBB. O ensino sobre hanseníase na graduação em saúde: limites e desafios para um cuidado integral. *Rev Baiana Saúde Pública*. 2019;43(1):260-70. DOI: 10.22278/2318-2660.2019.v43.n1.a2932
 18. Silva PN. O ensino da hanseníase em curso de graduação em enfermagem no Ceará [Trabalho de Conclusão de Curso]. Fortaleza (CE): Universidade Federal do Ceará; 2019.
 19. Chaves AEP. O ensino da atenção à hanseníase em cursos de graduação em enfermagem [Tese]. Natal (RN): Universidade Federal do Rio Grande do Norte; 2017.
 20. Felix LG, Mendonça AEO, Costa IKF, Oliveira SHS, Almeida AM, Soares MJGO. Conhecimento de enfermeiros da atenção primária antes e após intervenção educativa sobre pé diabético. *Rev Gaúcha Enferm*. 2021;42:e20200452. DOI: <https://doi.org/10.1590/1983-1447.2021.20200452>
 21. Bezerra AF. Avaliação e prevenção do pé diabético por enfermeiros: repercussões de intervenção educativa problematizadora [Dissertação]. João Pessoa (PB): Universidade Federal da Paraíba; 2018.
 22. Sousa ATO. Úlcera venosa: proposta educacional para enfermeiros da atenção primária à saúde [Tese]. João Pessoa (PB): Universidade Federal da Paraíba; 2015.

Received: March 11, 2024

Approved: July 13, de 2024

Published: September 03, 2024



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