

REPERCUSSIONS OF PERMANENT EDUCATION IN THE ASSISTANCE PRACTICES OF NURSING PROFESSIONALS

REPERCUSSÕES DA EDUCAÇÃO PERMANENTE NAS PRÁTICAS ASSISTENCIAIS DOS PROFISSIONAIS DE ENFERMAGEM

REPERCUSIONES DE LA EDUCACIÓN CONTINUA EN LAS PRÁCTICAS ASISTENCIALES DE LOS PROFESIONALES DE ENFERMERÍA

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Objective: to analyze the repercussions of the activities of permanent education on nursing assistance practices. **Method:** qualitative research performed in a large university hospital located in the city of Salvador, Bahia, Brazil. 17 nursing professionals were interviewed between September and December 2017. The data collected through a semi-structured interview were processed in IRAMUTEQ software. **Results:** the percentage obtained was 80.3% text retention, 320 Elementary Context Units and 5 lexical classes. The interviewees attributed to the participation in the activities of permanent education a relevant role, with positive repercussions for nursing care. **Conclusion:** participation in activities of permanent education led to the awareness of educational needs and, thus, could favor greater satisfaction with work and better quality of care, as the nursing professionals began to feel more qualified and updated.

Descriptors: Permanent Education. In-service Training. Nursing Team. Nursing Care. Health Services.

Objetivo: analisar as repercussões das atividades de educação permanente nas práticas assistenciais dos profissionais de enfermagem. *Método:* pesquisa qualitativa, realizada em um hospital universitário de grande porte localizado no município de Salvador, Bahia, Brasil. Foram entrevistados 17 profissionais de enfermagem, entre os meses de

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setembro e dezembro de 2017. Os dados coletados por meio de entrevista semiestruturada foram processados no software IRAMUTEQ. Resultados: obteve-se um percentual de retenção do texto de 80,3%, 320 Unidades de Contexto Elementares e 5 classes lexicais. Os entrevistados atribuíram à participação nas atividades de educação permanente um papel relevante, com repercussões positivas para a assistência de enfermagem. Conclusão: a participação em atividades de educação permanente levou à sensibilização sobre as necessidades educativas e, assim, pôde favorecer maior satisfação com o trabalho e melhor qualidade na assistência, visto que os profissionais de enfermagem passaram a sentir-se mais qualificados e atualizados.

Descritores: Educação Permanente. Capacitação em Serviço. Equipe de Enfermagem. Assistência de Enfermagem. Serviços de Saúde.

Objetivo: analizar las repercusiones de las actividades de educación continua en prácticas asistenciales de profesionales de enfermería. Método: investigación cualitativa, en hospital universitario de gran porte en Salvador, Bahia, Brasil. Se entrevistaron a 17 profesionales de enfermería, entre septiembre y diciembre de 2017. Datos recogidos por medio de entrevista semiestruturada, procesados en el software IRAMUTEQ. Resultados: se obtuvo porcentaje de retención del texto de 80,3%, 320 Unidades de Contexto Elementales y cinco clases lexicales. Entrevistados atribuyeron papel relevante a la participación en las actividades de educación continua, con repercusiones positivas para atención de enfermería. Conclusión: la participación en actividades de educación continua llevó a la sensibilización sobre necesidades educativas y, así, se pudo favorecer mayor satisfacción con el trabajo y mejor calidad en la atención, ya que los profesionales de enfermería pasaron a sentirse más cualificados y actualizados.

Descriptorios: Educación Continua. Capacitación en Servicio. Grupo de Enfermería. Atención de Enfermería. Servicios de Salud.

Introduction

Permanent health education has been described as a strategy to increase the continuity of training of health professionals, guaranteeing access to knowledge, and developing skills to practice, updating and strengthening competencies relevant to work⁽¹⁾.

Within the scope of the Unified Health System (SUS, acronym in Portuguese), the need for Continuing Health Education (CHE) was strengthened by the publication of Administrative Rule No. 1,996, of August 20, 2007, which launched the guidelines for the implementation of the Permanent Education Policy. According to this document, CHE is a tool that can make learning-work interaction feasible, since it is developed in the daily life of professionals and services. CHE is implemented based on the difficulties and problems faced in reality, considering previous knowledge and promoting actions whose objective is to train professionals for the practices applied in the work⁽²⁾.

Since the qualification of health professionals⁽³⁾ contributes to the development of new competencies and, therefore, to excellence in health services⁽⁴⁾, CHE is consolidated as an

instrument for transforming the professional into a deep connoisseur of the local reality. Thus, it enables the interconnection between work, health and education⁽⁵⁾. Authors consider that the CHE is intertwined with the quality of the assistance, as it promotes the development of competences and the autonomy for the work by the knowledge⁽⁶⁾.

Results from a study, carried out in Porto Alegre (RS), Brazil, highlight the use of CHE as a possibility to open up new ways of knowing and new ways of doing in nursing. The model used allowed the improvement of the training of the professionals, resonating in the safety and the quality of the assistance. In this sense, a permanent education program in the hospital context can help collectively, as it reinforces meaningful learning and increases the possibility of positive changes in the service⁽⁷⁾.

Given the importance of permanent education for health and nursing, the issue of training still focused on the biomedical model and traditional educational practices, it was decided to carry out this research that aims to analyze the

repercussions of continuing education activities in the practices of nursing professionals.

Methodology

This is a qualitative research, performed in a large university hospital (UH), a reference in medium and high complexity, located in the city of Salvador, Bahia, Brazil. The HU is an organization accredited by the Ministry of Education (MEC, acronym in Portuguese) as a teaching hospital. Among its missions is the provision of health assistance to the population; training of human resources for teaching, and research and assistance practices; and knowledge production for the benefit of the community.

The study participants were 17 UH nursing professionals, 11 nursing technicians and 6 nurses. The participants were chosen randomly, seeking to cover the different care units, categories, work shifts and availability to participate in the research. The sample size was defined according to the theoretical saturation criteria of the answers, when the possibility of generalization of the answers to the searched group was identified⁽⁸⁾. These professionals were identified through access to the project database entitled "Repercussions of Nursing Training in the Care Practices of a University Hospital", funded by the Permanent Program of the Federal University of Bahia, Public Notice No. 2/2017, whose professionals met the following inclusion criteria: to have participated in at least two capacities promoted by the Commission of Permanent Education in Nursing (CEPE) of UH, between August 2016 and March 2017; and have at least six full months of professional practice in the institution.

CEPE has a permanent calendar of training aimed at the nursing team, with an average of five activities per month, including classes, courses, scientific sessions and seminars. In the cited period, 286 nursing professionals were classified as eligible, according to the mentioned inclusion criteria. Professionals on medical or maternity leave, as well as those who were retired or dismissed from the organization, and

those who participated in CEPE as a member or trainer were excluded.

Data collection was performed between September and December 2017, through semi-structured interviews, conducted in a private place, in order to avoid external interference and to guarantee the confidentiality and privacy of the participants. The data collection instrument included information on sex, professional category and number of continuing education activities in which they participated. It has also looked at guiding questions about the repercussions of lifelong education on care practices and the factors involved in the application of the acquired knowledge.

The interviews were transcribed in full, checked, codified and adapted to the IRAMUTEQ software rules (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), used for data processing. This software is licensed under the GNU GPL (v2) used for statistical analysis on textual data and tables with information about people or words. This is a free and open source program developed by Pierre Ratinaud in 2009. The analysis with the use of this software has several purposes, being possible to analyze texts, interviews, documents, essays, among other textual materials⁽⁹⁾, thus being relevant to the analysis of matter that expresses symbolic content such as thoughts, beliefs and opinions⁽¹⁰⁾.

The research *corpus*, formed by the 17 interviews, was organized in a single file and according to IRAMUTEQ norms. After the processing by the software, five classes and 320 Elementary Context Units (UCE, acronym in Portuguese) were obtained by the Descending Hierarchical Classification (CHD, acronym in Portuguese) method. For the identification of the interviews, the letter E was used, followed by the order number and the professional category of the participant (ENF. for nurses and TE for nursing techniques – Abbreviations in Portuguese).

The research respected the ethical principles contained in Resolution No. 466/2012 of the National Health Council, and was evaluated by a Research Ethics Committee through the issuance

of CAAE No. 66018217.8.0000.0049. The nursing professionals who participated in the study signed the Term of Free and Informed Consent, after being clarified as to the objective of the research, as well as in terms of the ethical and legal aspects that involve the study with human beings.

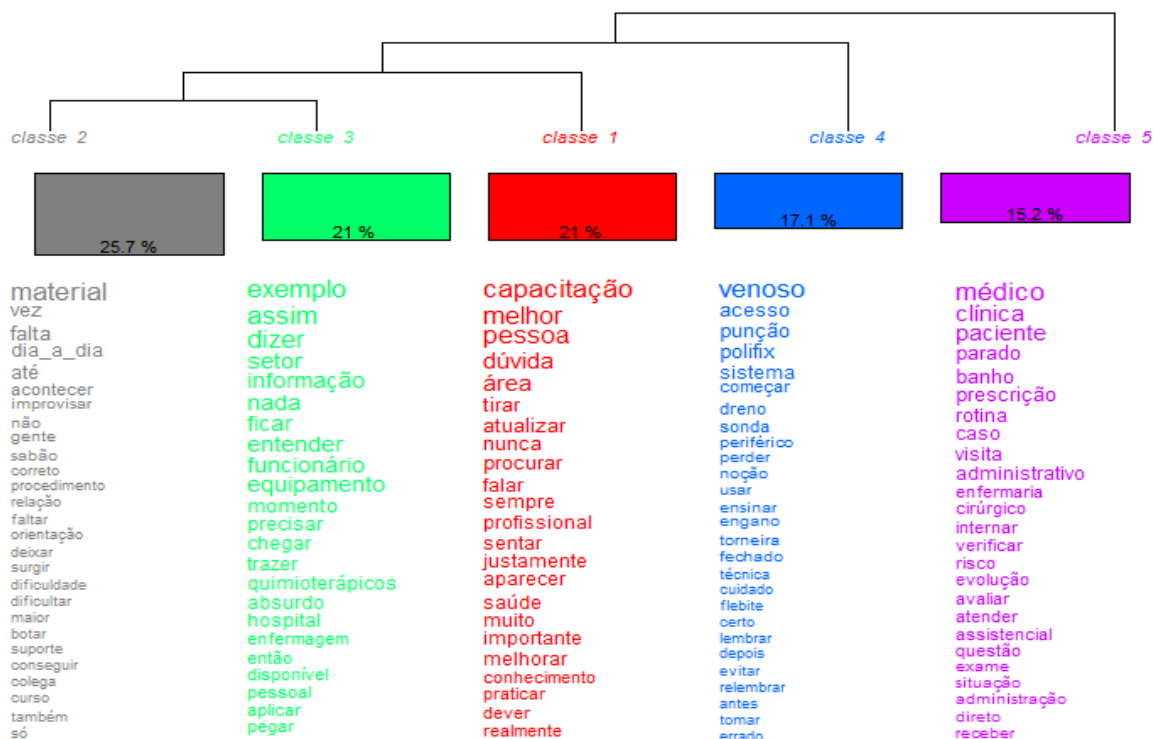
Results

Of the interviewees, the majority belongs to the female sex (16), 11 are nursing technicians

and six are nurses. There was a predominance of professionals with more than one year of work in the field of research and who participated in more than two qualifications in the period considered in the study.

From the *corpus* of the research processed by IRAMUTEQ, a percentage of text retention of 80.3% was obtained. The UCE were organized automatically, according to the Descending Hierarchical Classification (CHD) method, in five different classes, according to Figure 1.

Figure 1 – Dendrogram of the Descending Hierarchical Classification (CHD) of the research *corpus*, Repercussions of Permanent Education in Nursing Care Practices. Salvador, Bahia, Brazil – 2018



Source: Created by the authors.

Class 1 contains 21% of UCE retained by IRAMUTEQ. It highlights the word *capacitação*, which, in association with the other classified words, represents the idea that the training has doubts and updates the professional, being important for allowing access to knowledge and improving practice. Thus, it is a very important factor for patient safety. The reading and interpretation of its contents made it possible to identify that it is focused on the repercussions of the participation of the nursing team in the

activities of permanent education in the care practices. This class expresses a content directly related to the object being studied.

According to the participants' statements, the activities promoted are an important tool for the exercise of care. Among the qualifiers for the activities, as can be verified in Figure 1, expressions were highlighted, such as: updating, doubting, renewing, training, and recalling. The following excerpts are illustrative.

The institution offers this knowledge to the employee. I think it is very, very important and essential for the health professional, because these skills are directed precisely to what you do in care. (E3, TE).

They were very important and when they come, I'll keep doing it. It only enriches our knowledge and we practice it with safety, and provide better customer service. Yes, my practice on ECG [electrocardiogram] improved a lot. (E5, TE).

Still according to the participants, the skills are remembered as fundamental to the reality of the work. The repercussions mentioned go in the direction of helping the professionals to provide a more qualified assistance. The methodologies used in the classes seem to be facilitating elements, since they are open, without a rigid hierarchy of knowledge and there is freedom to question and clarify doubts.

The good thing about it all is that the person feels free to question, to seek, to understand how that place is. I have this doubt here, I will not apply it this way, I will try to, I will talk to someone. (E11, TE).

Then it gets easier, because you don't feel bothered to have a doubt; you don't feel inferior because you don't understand it. I think this is very important. (E11, TE).

I sincerely like it a lot, because knowledge is never too much, and the staff that does the course really cares a lot about passing information as much as possible in a clear and specific way that ends up adding a lot for us. (E13, TE).

Class 2 contains 25.7% of the UCE retained by IRAMUTEQ and brings medical-hospital material as a prominent word. The participants emphasized the importance of the materials in the day to day for the accomplishment of the assistance procedures. It was also recalled that it is difficult to promote assistance due to the scarcity of material resources, which may deviate from the guidance provided and sometimes compromise the quality of care. Thus, professionals are forced to resort to improvisation, one of the words featured in this class.

Lack of material; we cannot maintain a perfect care routine the way it should be, as an extremely correct technique. So, little things that would ensure better care are missing. (E10, Enf).

The technique we sometimes don't do properly due to day to day rush, and sometimes we also lack a lot of material and it leads us to do wrong things. (E2, TE).

[...] for example, there is a shortage of material and other things that compromise. (E9, TE).

Class 3 contains 21% of the UCEs retained by IRAMUTEQ and brings the example word as a highlight. This class exposes the intervening factors for the implementation of the knowledge acquired with the participation in the training. For the participants, several factors interfere in the implementation of knowledge, such as the relocation of professionals to care units other than those that are full, with the need to adapt to routine and the dynamics in other sectors; administrative difficulties such as the existence of different equipment for the same function and the correct handling of new equipment; divergence of consensus among the team regarding care routines; the fact that nurses assume many administrative functions and distance themselves from direct patient care; difficulties in the relationship with the medical team; and the fact that the offered training is not specific to professionals of technical level.

So you end up, as they say, discovering one saint to cover the other, including what happened to me last week. They took employees out of here and put them in another unit. The staff here was overloaded. (E1, TE).

I, for one, love bearing my patients. I get angry the day I'm overloaded and I cannot give the care and attention they deserve. And I think here we really do it. (E13, TE).

Class 4 contains 17.1% of UCE retained by IRAMUTEQ. In its content, it brings the themes of the training that were most remembered by the participants because they have a close relationship with care - venous access, with their care, possibilities of complications, and necessary devices to maintain and use the system; probes and drains; and electrocardiogram (ECG). Another outstanding aspect is the concern with safety, to avoid mistakes and misunderstandings, and the possibility of harm to patients. Participants also highlighted themes of training that could be repeated and the need to review care techniques.

We end up losing some care and everything. And these meetings remind us of some practices and attitudes. So, they are important, always! Sometimes I can reconcile work and these skills. (E6, Enf).

And through the training we learn this in the course; we really learn to have a sense of what is right and what is wrong in nursing. (E8, TE).

It has improved due to some details that end up alerting us about good practices: venipuncture [class]. The instructor

that guided us to do it was very good and all courses will only add to us. (E13, TE).

So we should always have information on medication, drains, probes, and on various things and protocols of the unit [...] (E4, TE).

[...] We have a lot of phlebitis here. So we took that course on venous access, which was very good; the course was one of the best. (E10, TE).

The girls also had more attention in the hygiene, in the disinfection at the moment of doing asepsis to puncture, in the moment of the handling. Thus, this capacity for peripheral venous access was very productive. (E16, Enf).

Class 5 represents a percentage of 15.2% of UCE. It brings as a word of prominence the *doctor* and the clinical condition of the patient. When interpreting the content, the different points of view of the nursing professionals are identified regarding the practices of the doctors in comparison to the assignment of the nurses. The discourses of the participants who composed this class, mostly nurses, revealed a practice especially focused on the daily routine of patient care. In their statements, the nurses showed the need to, besides assisting the patient, supervise the technicians and manage the dynamics of the unit. Thus, they revealed the dubiousness between labor demand and responsibility, with repercussions on both management and care.

We, from nursing, in addition to having to provide patient care, still have to carry out the administrative part, take patients to make exams, and go after doctors to stamp the prescription. (E1, TE).

We make the visits, look at the patients briefly, do the dressings and also observe the issues about the staff and the nursing technicians, because we are responsible for them and we do the distribution, and we attend to the requests the nursing technicians bring us in the ward. (E12, Enf).

But, you know, doctors are seen as protagonists because they are the ones who evaluate patients to prescribe [...] medication, treatment, but the main point is that it is with them that communication sometimes fails and it doesn't have to be this way. (E15, Enf).

Discussion

According to the interviewees' reports, the repercussions of training indicate several positive points, such as improvement in the quality of care, clarification of day-to-day doubts and updating of the correct practices. Similar results

were reported in an international survey carried out in Spain, which identified the improvement in nursing care after participation of professionals in educational activities⁽¹¹⁾. These data also show a study carried out in Minas Gerais, Brazil, in which the participants indicated that the activities of permanent education made possible the acquisition of useful knowledge for the professional performance. In this research, the participants recognized that the space provided by the actions of permanent education favored the updating, the sharing of experiences, the construction of new relationships and constituted itself as a potentiator of a new way of working⁽¹²⁾.

The results of this research come together with another study that points to permanent education as a useful tool to improve reality, allowing reflection on the daily life, with its difficulties and potentialities⁽¹³⁾. Thus, when planned based on questions raised in reality, it strengthens itself as an important tool for work and contributes to the improvement of the quality of health services⁽¹²⁾.

Continuing education is discussed as a means of promoting meaningful and transformative learning in the health area. A model of democratic and decentralized management also favors such a transformation⁽¹⁴⁾. With this, professionals can interact with management, which benefits everyone in the workplace. It also brings positive points for the qualification and safety of the professional, favoring the quality of patient care.

Permanent education, as one of the most effective strategies for qualifying health professionals, involves several factors, such as structure and organization of services, updating of new technologies, availability of materials, equipment and medications by the institution⁽¹⁵⁾. This information is also in line with the results of this research, since the participants highlighted the managerial, structural and, especially, the lack of materials as negative intervening factors in the implementation of the knowledge acquired in the training.

Qualitative research carried out in a university hospital in Rio Grande do Sul, Brazil, on quality management, brings in its results the difficulties in the management of quality of care,

whose findings are intertwined with the reports obtained in this research. It was demonstrated that the availability of materials and support equipment qualifies the assistance, since the lack of such material implies negatively the quality of the service offered, making it difficult to perform actions in a safe and effective way. In addition to the quantity, the quality of the materials is also necessary to meet the needs and avoid possible damages to the patients' health, such as the risks of infection and the repetition of painful procedures, such as venipuncture⁽¹⁶⁾. Thus, the importance of avoiding adaptations and replacements of ideal materials through improvisation should be emphasized.

The themes of the training, remembered by the interviewees, show how much the knowledge acquired is imbricated with the practice and how it is useful for daily work. All subjects are related to the reality of the work and the attributions of the nursing professional, as reported in the interviews. Thus, it is believed that the confluence between theory and practice can serve as motivation for work and have a positive impact on the quality of care. In this perspective, research developed in Brazil portrays the importance of permanent education as a qualifying agent of professional practice⁽¹⁷⁾.

The permanent education in health has great importance in the qualification of the professionals, due to the approach of subjects with the objective to solve the doubts and the problems found in the reality of the work. Consequently, it can bring benefits to the quality of care and qualification of workers⁽¹²⁾.

The interdependence between the approach to work and health education makes it possible to influence the themes of training, takes up and observes work as an educational principle, approached from the perspective of interprofessional education. The practice and the factors that influence the quality of the assistance need to be debated by the multiprofessional team⁽¹⁸⁾.

The technical division is part of the nursing work process. In this direction, the participants' discourse reproduced this division. There were differences between the nurses' speeches

and those of nursing technicians. While the technicians showed satisfaction with the capacities most focused on day-to-day aspects and with the fact that the subjects covered were related to the practice, the nurses, in turn, presented a discourse permeated by the routine of work in the care units. Thus, they showed the differences in the labor characteristics and their role as coordinators of the work process in their interfaces with other professions, such as medicine⁽¹⁹⁾.

The difficulties faced by nursing professionals regarding the organization of the work process for the benefit of patient care were still evident, according to the content in class 5. According to participants, it is necessary to seek the doctor for him to do what is his assignment, such as stamping a prescription. The physician is also portrayed in a leading position in patient care, and thus the lack of recognition of the nurse and the importance of her work is evident. It is argued that, in a healthcare team, the protagonism is of all members. Without individual and coordinated efforts, the ultimate goal of providing the best care and re-establishing patient health is not achieved.

The limit of the research is the fact that it was carried out with different categories within nursing, without allowing establishing a clear delimitation between the repercussions of participation in activities of permanent education for the nursing technicians and nurses. In addition, it is believed that it would be important to also research among professionals who participated in a greater number of skills and with a greater temporal distance, to demonstrate the permanence of the changes affirmed by the participants, to indicate the needs of changes in the strategies of the planning of the permanent education, or even to make a comparison of learning between those who participated in more trainings and those who participated less, which is another way of observing changes in practice. However, the results found are sufficient to affirm that permanent education has been constituted as an important strategy to support

the qualification for work and as an element of support to the quality of nursing care.

Conclusion

The analysis of the repercussions of participation in continuing education activities in nursing care practices allowed identifying that the possibility of clarifying doubts, updating, acquiring knowledge and improving safety for the professional exercise and the quality of the care provided constituted positive elements for the interviewees.

Factors, such as lack of materials or the acquisition of low quality materials, were highlighted by the possibility of negative interference in the assistance for not allowing the correct execution of techniques, for requiring creativity for adaptations and improvisations and, thus, make it difficult to implement the knowledge acquired.

It is noted that there is adherence and participation of professionals in the process of permanent education, since they have shown themselves to be sensitive, eager for knowledge and motivated to participate, even in the face of administrative, structural, and procedural difficulties, which generate some distance from the assistance to patients.

The trainings were directly related to the reality lived by the nursing team, and was remembered as important for the practice. As described, they reverberate on the quality of care. Thus, it can be concluded that, for nursing professionals, participation in continuing education activities has positive repercussions on the quality of care.

Collaborations:

1. conception, project, analysis and interpretation of data: Valdenir Almeida da Silva, Rosana Santos Mota and Andreia Santos Mendes;
2. article writing and critical review of intellectual content: Maristela Conceição de Jesus, Valdenir Almeida da Silva, Rosana Santos Mota, Juliana Cana Brazil Costa, Andreia Santos Mendes and Marcelle de Jesus Oliveira;

3. final approval of the version to be published: Valdenir Almeida da Silva and Rosana Santos Mota.

References

1. World Health Organization. Transforming and scaling up health professionals' education and training. Geneva; 2013 [Internet]. [cited 2018 Jan 18]. Available from: http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf?ua=1
2. Brasil. Ministério da Saúde. Secretaria de Gestão no Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília, DF; 2009. [Internet]. [cited 2018 Jan 18]. Available from: <http://portal.anvisa.gov.br/documents/33856/396770/Pol%C3%ADtica+Nacional+de+Educa%C3%A7%C3%A3o+Permanente+em+Sa%C3%BAde/c92db117-e170-45e7-9984-8a7cdb111faa>
3. Silva CT, Terra MG, Camponogara S, Kruse MHL, Roso CC, Xavier MS. Educação permanente em saúde a partir de uma residência multidisciplinar: estudo de caso. *Rev gaúcha enferm* [Internet]. 2014 set [cited 2018 Jan 18];35(3):49-54. Available from: www.scielo.br/scielo.php?pid=S1983-14472014000300049&script=sci...tng..
4. Díaz VB, Martínez MR, Figueredo ZCA, Solis FR. La superación continua de enfermeira y su contribución al desempeño de excelencia. *Rev Cubana Enferm* [Internet]. 2017 Ene-Mar [cited 2018 Jan 18];33(1). Available from: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/1095/234>
5. Miccas FL, Batista SHSS. Educação permanente em saúde: metassíntese. *Rev saúde pública* [Internet]. 2014 [cited 2018 Jan 18];48(1):170-85. Available from: <http://dx.doi.org/10.1590/S0034-8910.2014048004498>
6. Lima LPS, Ribeiro MRR. A competência para Educação Permanente em Saúde: percepções de coordenadores de graduações da saúde. *Physis Rev Saúde Coletiva* [Internet]. 2016 [cited 2018 Jan 18];26(2):483-501. Available from: <http://dx.doi.org/10.1590/S0103-73312016000200008>
7. Flores GE, Oliveira DLL, Zocche DAA. Educação permanente no contexto hospitalar: a experiência que ressignifica o cuidado em enfermagem. *Trab educ saúde* [Internet]. 2016 abr [cited 2018 Jan 18];14(2):487-504. Available from:

- www.scielo.br/scielo.php?pid=S1981-77462016000200487&script=sci_abstract
8. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. *Rev Bras Enferm* [Internet]. 2018 [cited 2018 Jan 18];71(1):228-33. Available from: DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0616>
 9. Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ [Internet]. Universidade Federal de Santa Catarina. Laboratório de Psicologia Social da Comunicação e Cognição. Florianópolis: LACCOS; 2013. [cited 2018 Jan 18]. Available from: www.iramuteq.org/documentation/fichiers/tutoriel-en-portugais
 10. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. *Temas Psicol* [Internet]. 2013 [cited 2018 Jan 18];21(2):513-8. Available from: <http://dx.doi.org/10.9788/TP2013.2-16>
 11. Peña García I, López Vallecillo M, Barrios Díez E, Sánchez Sánchez S, Moreno Cea L, Jiménez Mayoral A. Evaluación del impacto de la formación continuada de enfermería a través de un video tutorial sobre el registro de valoración del paciente. *Tesela [Rev Tesela]* [Internet]. 2017 [cited 2018 Jan 18];21. Available from: <http://www.index-f.com/tesela/ts21/ts10441.php>
 12. Silva KL, Matos JAV, França BD. A construção da educação permanente no processo de trabalho em saúde no estado de Minas Gerais, Brasil. *Esc Anna Nery* [Internet]. 2017 [cited 2018 Jan 2018];21(4):e20170080. Available from: DOI: 10.1590/2177-9465-EAN-2017-0060
 13. Moraes KG, Dytz JLG. Política de Educação Permanente em Saúde: análise de sua implementação. *ABCS Health Sci* [Internet]. 2015 [cited 2018 Jan 18];40(3):263-9. Available from: <https://www.portalnepas.org.br/abcshs/article/view/806>
 14. Campos KFC, Sena RR, Silva KL. Educação permanente nos serviços de saúde. *Esc Anna Nery* [Internet]. 2017 [cited 2018 Jan 20];21(4):e20160317. Available from: DOI: 10.1590/2177-9465-EAN-2016-0317
 15. Silva LAA, Schmidt SMS, Noal HC, Signor E, Gomes IEM. Avaliação da educação permanente no processo de trabalho em saúde. *Trab Educ Saúde* [Internet]. 2016 set/dez [cited 2018 Jan 16];14(3):765-81. Available from: <http://dx.doi.org/10.1590/1981-7746-sol00015>
 16. Rabenschlag LA, Lima SBS, Eberhardt TD, Kessler M, Soares RSA, Camponogara S. Gestão da qualidade na assistência de enfermagem em unidades de clínica cirúrgica. *Rev Enferm UFSM* [Internet]. 2015 abr/jun [cited 2018 Jan 18];5(2):235-46. Available from: <https://periodicos.ufsm.br/reufsm/article/view/15891>
 17. Mota RS, Silva VA, Costa JCB, Barros A, Gomes BP, Araújo RPA. Participation in continuing education activities and changes in nursing care practices. *Rev baiana enferm* [Internet]. 2018 [cited 2018 Jan 18];32:e26485. Available from: DOI 10.18471/rbe.v32.26485
 18. Peduzzi M. Trabalho e educação na saúde: ampliação da abordagem de recursos humanos. *Ciênc Saúde Colet* [Internet]. 2013 [cited 2018 Jan 18];18(6):1535-43. Available from: www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000600005
 19. Leal JAL, Melo CMM. Processo de trabalho da enfermeira em diferentes países: uma revisão integrativa. *Rev Bras Enferm* [Internet]. 2018 [cited 2018 Jan 18];71(2):441-52. Available from: <http://dx.doi.org/10.1590/0034-7167-2016-0468>

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