

## Continuing Health Education from the perspective of nurses at a university hospital

*Educação Permanente em Saúde sob a ótica dos enfermeiros de um hospital universitário*  
*La Educación Continua en Salud desde la perspectiva de las enfermeras de un hospital universitario*

**Larah Maria Antunes da Silva Alelaf<sup>1</sup>**

ORCID: 0009-0008-9500-3664

**Thayná Xavier Macedo<sup>1</sup>**

ORCID: 0009-0000-2565-683X

**Fabio Rodrigues Trindade<sup>1</sup>**

ORCID: 0000-0002-3667-5988

**Livia Carvalho Pereira<sup>1</sup>**

ORCID: 0000-0003-2324-107X

**Girzia Sammya Tajra Rocha<sup>1</sup>**

ORCID: 0000-0002-1624-3838

**Márcia Letícia Carvalho Silva<sup>2</sup>**

ORCID: 0009-0001-6162-6387

### Abstract

**Objective:** to analyze nurses' perceptions of the effectiveness of the educational process of the Continuing Health Education (CHE) service of a university hospital. **Methods:** exploratory and descriptive study with a qualitative approach, conducted in a university hospital. The study population consisted of clinical nurses linked to the institution under study. Data collection was performed through interviews consisting of a questionnaire and a semi-structured script with open-ended questions. **Results:** Twelve clinical nurses from the institution participated in the study, consisting of 10 (83.3%) women and 2 (16.7%) men. Through Bardin's analysis, three categories were constructed: Recognition of the positive impacts of CHE for the nursing team, Difficulties faced in participating in educational activities, and Perception regarding the role of management in the implementation of educational activities. **Conclusions:** The need for adequate management of CHE, effective sizing of the nursing team, participation of nurses in the training planning process and flexibility of the National Policy for Continuing Education (NPCE) are evident, in order to provide interaction, better adherence and significant results of the program.

**Descriptors:** Continuing Education; Professional Training; Patient Care Team; Nursing.

<sup>1</sup>Universidade Federal do Piauí. Teresina, Piauí, Brasil.

<sup>2</sup>Universidade Estadual do Piauí. Teresina, Piauí, Brasil.

Autor correspondente:  
Thayná Xavier Macedo  
E-mail: [thayenf86@gmail.com](mailto:thayenf86@gmail.com)

### What is already known on this?

The CHE seeks to collaborate to improve the work performed and provide advancement in the quality of care, using experiences lived in daily life as reflection for the health team.

### What this study adds?

It is expected to contribute to a new perspective on the educational process, providing a more efficient and integrated approach, meeting their needs and promoting greater participation and critical thinking of professionals.



**How to cite this article:** Alelaf LMAS, Macedo TX, Trindade FR, Pereira LC, Rocha GST, Silva MLC. Continuing Health Education from the perspective of nurses at a university hospital. Rev. enferm. UFPI. [internet] 2025 [Cited: ano mês abreviado dia];14:e5764. DOI: 10.26694/reufpi.v14i1.5764

### Resumo

**Objetivo:** analisar a percepção dos enfermeiros sobre a efetividade do processo educativo do serviço de Educação Permanente em Saúde (EPS) de um hospital universitário. **Métodos:** estudo de caráter exploratório e descritivo, com abordagem qualitativa, realizado em um hospital universitário. A população do estudo foi constituída por enfermeiros assistenciais vinculados à instituição pesquisada. A coleta de dados foi realizada por entrevista constituída de um questionário e roteiro semiestruturado com perguntas abertas. **Resultados:** participaram do estudo 12 enfermeiros assistenciais da instituição, sendo 10 (83,3%) mulheres e 2 (16,7%) homens. Por meio da análise de Bardin, construíram-se três categorias: Reconhecimento dos impactos positivos da EPS para a equipe de enfermagem; Dificuldades enfrentadas para participação em ações educativas; e Percepção quanto ao papel da gestão para efetivação das atividades educativas. **Conclusões:** evidenciou-se a necessidade do gerenciamento adequado da EPS, bem como o dimensionamento efetivo da equipe de enfermagem, a participação dos enfermeiros no processo de planejamento dos treinamentos e a flexibilização da Política Nacional de Educação Permanente (PNEP) a fim de proporcionar interação, melhor adesão e resultados significativos do programa.

**Descritores:** Educação Permanente; Capacitação Profissional; Equipe de Assistência ao Paciente; Enfermagem.

### Resumen

**Objetivo:** analizar las percepciones de los enfermeros sobre la efectividad del proceso educativo del servicio de Educación Continua en Salud (ECS) de un hospital universitario. **Métodos:** estudio exploratorio y descriptivo, con enfoque cualitativo, realizado en un hospital universitario. La población de estudio estuvo constituída por enfermeros que brindan cuidados vinculados a la institución en estudio. La recolección de datos se realizó a través de una entrevista compuesta por un cuestionario y un guión semiestruturado con preguntas abiertas. **Resultados:** Participaron en el estudio doce enfermeros de la institución que brindan cuidados, siendo 10 (83,3%) mujeres y 2 (16,7%) hombres. A través del análisis de Bardin, se construyeron tres categorías: Reconocimiento de los impactos positivos de la ECS para el equipo de enfermería, Dificultades enfrentadas en la participación en actividades educativas y Percepción sobre el papel de la gestión en la implementación de actividades educativas. **Conclusiones:** Se evidencia la necesidad de una adecuada gestión de los ECS, dimensionamiento efectivo del equipo de enfermería, participación de los enfermeros en el proceso de planificación de la formación y flexibilización de la Política Nacional de Educación Continua (PNEC), a fin de propiciar interacción, mejor adhesión y resultados significativos del programa.

**Descritores:** Educación Continua; Formación Profesional; Equipo de atención al paciente; Enfermería.

## INTRODUCTION

Nursing plays a fundamental role in the various stages of patient care, such as patient assistance, education, guidance and prevention among clients/patients, family members, community and health team professionals, working in different work contexts, whether in a hospital, clinical, basic unit or home care environment, among others. Therefore, it is important to emphasize that those who provide care need to be aware of their possibilities and limitations in these tasks, which are dynamic and constantly require the improvement of knowledge, improvement of techniques, as well as the implementation of new procedures and therapies.<sup>(1-2)</sup>

Continuing Health Education (CHE) is the instrument through which this process can be achieved. It is a strategy instituted by the Ministry of Health, through Ordinance GM/MH number 1996 of August 20, 2007, which provides guidelines for the implementation of the National Policy for Continuing Education (NPCE) in health institutions. Based on the possibility of modifying professional practices, continuing education guides the development initiatives of professionals, without removing personal responsibility for the process of constant updating.<sup>(3-4)</sup>

In view of this, CHE uses a methodology that takes advantage of experiences lived in daily work as an object of analysis for the health team, with the activities performed on a daily basis as the focus for educational actions and adopting problematization as a resource for creating teaching and learning methods. Thus, its purpose is to contribute to the improvement of the work performed and provide advancement in the quality of care in institutions.<sup>(5)</sup>

In this sense, CHE is an intervention, being an organized system that encompasses, in its process, several specific development actions. However, a broad and sustainable plan that contemplates these practices is essential; because, according to the purpose of organizational change, these actions are directed to workers involved in the health institution, such as nursing professionals.<sup>(6)</sup>

In this context, the institutionalization of the NPCE also provides for the creation of a Center for Continuing Health Education (CCHE) in health services to promote collective construction in the work environment, proposing planning with workers for the elaboration of continuing education actions. However, despite the attributes of the CCHE, obstacles were encountered for its implementation, including: workers considered resistant to updating; the lack of coordination between managers, managers and staff to participate in educational activities; the high demand for work, which ends up making it

difficult to assimilate new technologies and to keep up with rapid changes and the growing advancement of scientific knowledge.<sup>(7-8)</sup>

Therefore, it is necessary to develop effective in-service training in a hospital institution, so that professional training strategies can be provided and that are efficient for their proper qualification, promoting the development of nurses in their workplace and encouraging the promotion of education through training. In this way, it is possible to create means of interaction between employees, so that professional development, personal needs and previous experiences of individuals are taken into account.<sup>(9)</sup>

In view of this, the objective of the study was to analyze the perception of nurses regarding the effectiveness of the educational process of the Continuing Education service of a university hospital.

## METHODS

This is an exploratory and descriptive study, with a qualitative approach, which according to Silva, Oliveira, Brito<sup>(10)</sup>, “is concerned with achieving a detailed understanding of the meanings, as well as the characteristics present in the object of study, which facilitates immersion in the complexity of the phenomenon then investigated”.

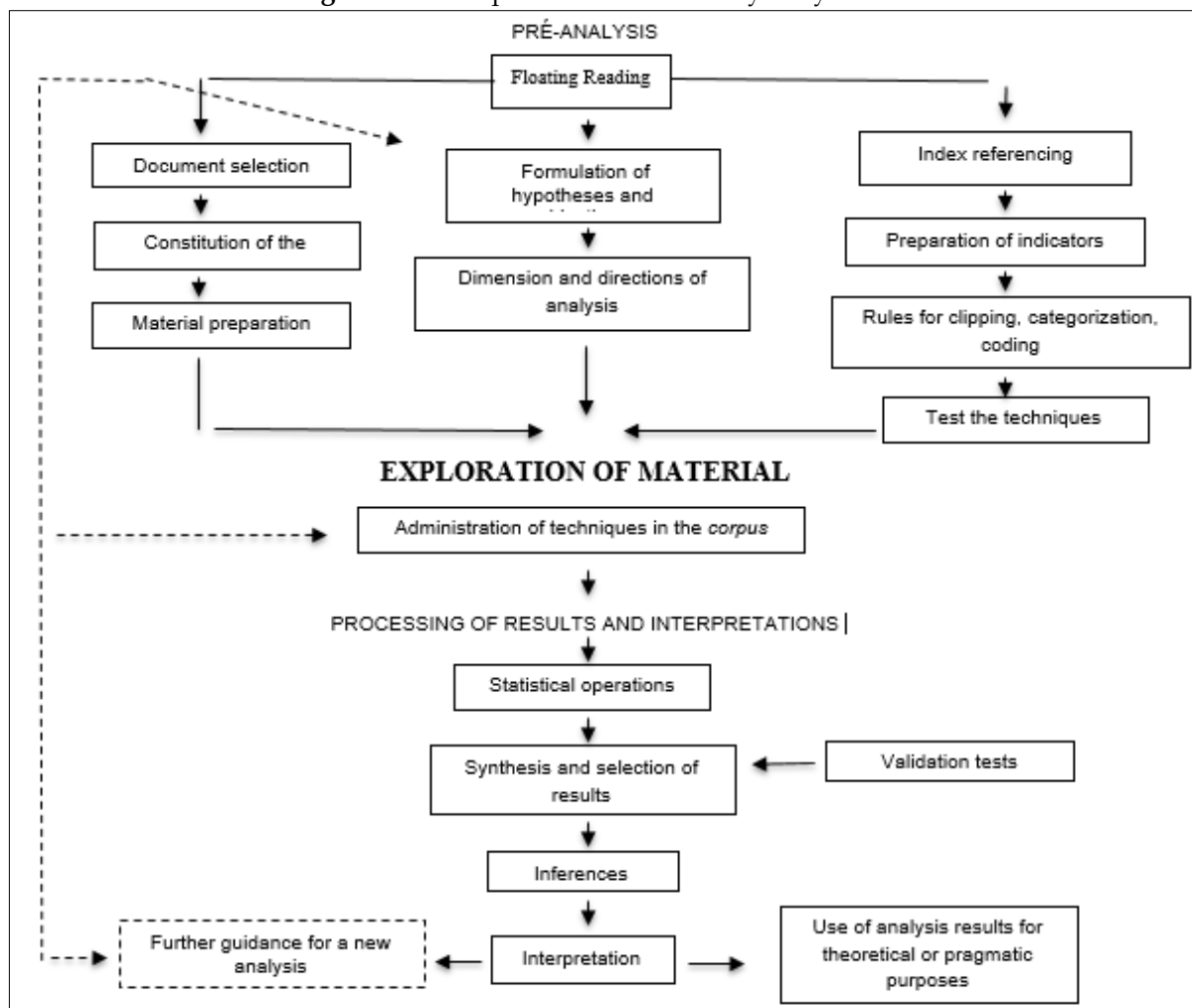
The field of study was a university hospital located in the city of Teresina, Piauí. The University Hospital of the Federal University of Piauí (HU-UFPI) offers medium and high complexity services in 34 medical specialties.<sup>(11)</sup> According to the results of the annual evaluation promoted by the Comptroller General of the Union (CGU), through Fala.BR, which captures praise from the ombudsman bodies of public institutions throughout the country, HU-UFPI was elected in 2024 the most praised public institution in Brazil, a position that reflects the work developed by the hospital management and demonstrates the excellence of the services offered.<sup>(12)</sup>

The study population consisted of 12 (twelve) nursing assistants linked to the institution studied. The inclusion criteria adopted were: being a nursing professional; having been linked to the institution for at least 1 (one) year; having participated in at least 1 (one) training course in the last 6 (six) months. The exclusion criteria adopted were: being on leave, vacation or away from their duties during the data collection period. The collection period was from October to November 2023, carried out until reaching the saturation point, in person through a semi-structured interview script lasting an average of 10 to 15 minutes, which included identification data regarding age, gender, date of admission to the unit, work sector, year of graduation, length of work experience, whether the participant has a specialization and if so, in which area(s), with the aim of outlining the profile of the interviewees, in addition to open questions about the subjects' perception in relation to the in-service training offered, the applicability of the content in the work process and the contribution of the training to their learning process.

The research was authorized by the Human Research Ethics Committee (REC) of the University Hospital of the Federal University of Piauí (HU/UFPI) under opinion number 6,527,869, in compliance with the ethical and legal principles of Resolution 466/2012 of the National Health Council. It is important to note that all participants signed the Informed Consent Form (ICF), and are referred to in the research by the initial “N” for nurse, followed by a number (e.g., N 1 - nurse 1) in order to protect the identity of the participant.

The interviews were audio-recorded, with the participants' permission, for later transcription and data analysis. Therefore, the recorded responses were transcribed in full for later content analysis and tabulation of the collected identification data, in order to outline the interviewees' profiles, and then submitted to content analysis based on the Bardin method, which seeks to analyze the contents through a set of techniques that involve analysis of communications, using systematic and objective procedures to describe the content of the messages through 3 poles: 1. Pre-analysis; 2. Exploration of the material and 3. Inference and interpretation of the results (figure 1).<sup>(13-14)</sup>

Figure 1. Development of content analysis by Bardin



Source: Bardin, 2016.

In pole 1. Pre-analysis, the material was analyzed according to the exhaustive criteria: homogeneity, regularity, divergences and correlation with the objectives of the analysis, enabling the formulation of hypotheses and objectives. Pole 2. Exploration of the material, involves transforming the material into data that can be analyzed, through codifications and enumerations. In this stage, the main points of the interviews were selected in order to contemplate the objectives of the research, grouping them into proximal categories encouraged by theoretical and guiding concepts. Pole 3. It refers to the treatment of the results, which is configured in the inference and interpretation of the results, aligning them according to the objectives of the research. According to Silva and Fossá, through this inductive or inferential process, the aim is not only to understand the meaning of the interviewees' speech, but also another meaning or message through or together with the first message. <sup>(14-15)</sup>

## RESULTS

Twelve nursing assistants from the institution participated in the study, consisting of 10 (83.3%) women and 2 (16.7%) men. The participants had 12 to 25 years of work experience as nurses. As professionals at the university hospital, they had a minimum of 4 and a maximum of 10 years. Five (41.7%) day nurses and 7 (58.3%) on-call nurses were interviewed. Regarding graduate studies, the professionals had a minimum of 1 and a maximum of 4 specializations, and only 2 (16.7%) of them also had a master's degree. Regarding the number of training sessions, 8 (66.7%) participated in more than 5 educational activities and 4 (33.3%) participated in more than 10.

Through Bardin's analysis<sup>(14)</sup>, 10 initial categories were listed, based on the recurrence and relevance of words and excerpts from the study material, which were grouped into 3 intermediate categories containing 3 to 4 subthemes, considering the interpretation and guiding inference of the content

of the interviews aligned with the research objective. Finally, three final categories were constructed from these intermediate categories: Recognition of the positive impacts of CHE for the nursing team, Difficulties faced in participating in educational activities and Perception regarding the role of management in implementing educational activities (Box 1). It is noteworthy that the results presented describe the perspective of nurses at a university hospital regarding Continuing Health Education (CHE).

**Box 1.** Grouping of categories.

CATEGORIES		
STARTING CATEGORY	INTERMEDIATE CATEGORY	FINAL CATEGORY
- Understanding the topic	<ul style="list-style-type: none"> <li>- Positive aspects of the EC</li> <li>- Service improvement</li> <li>- Effectiveness of training in practice</li> <li>- Understanding of the topic</li> </ul>	- Recognition of the positive impacts of CHE for the nursing team
- Difficulties in participation	<ul style="list-style-type: none"> <li>- Difficulties in participation</li> <li>- Frequency of training</li> <li>- Professionals' adherence to training</li> </ul>	- Difficulties faced in participating in educational activities
- Positive aspects of the EC	<ul style="list-style-type: none"> <li>- Professionals' adherence to training</li> <li>- Hospital encouragement for professionals' participation</li> <li>- Content of educational activities</li> </ul>	- Perception of the role of management in implementing educational activities
- Improvement of the service		
- Teaching methodology		
- Frequency of training		
- Content of educational activities		
- Adherence of professionals to training		
- Hospital encouragement for professionals to participate		
- Effectiveness of training in practice		

**Source:** Elaborated by the authors (2024).

## DISCUSSION

### Recognition of the positive impacts of CHE on the nursing team

When asked about the impacts that continuing education services can have on the nursing team, most of the responses correlated CHE as a training tool to improve the work process, ensuring greater quality of care and safety in patient care. Some of the interviewees also highlighted how CHE helps professionals to stay constantly updated on care protocols and the proper execution of procedures, as can be seen below:

Improvement of service and uniformity of actions, ensuring greater effectiveness of nursing actions. And the patient is the one who benefits the most, because when you have a qualified professional, he or she will ensure quality care. (N4)

[...] continuing education serves precisely as a way to reactivate your memory of what you already knew and acquire new information, as well as [...] updating protocols, following the stages determined by the hospital and the committee that developed it (N2)

These reports corroborate literature that demonstrates the experiences of professionals in CHE training, such as a study carried out in a reference hospital in northern Ceará, which states that educational activities contribute to the propagation of a patient safety culture in the institution, in addition to enabling a change in the attitude of professionals, promoting safer and higher-quality care, reducing certain incidents; investing in prevention will have excellent results.<sup>(16)</sup>

In addition to this perspective, recognition of the importance of professionals' work practices in improving care policy and building knowledge acquired in CHE learning processes is related to the perception of autonomy of students, as protagonists of their own learning, defended by Paulo Freire, patron of Brazilian education. The Brazilian educator, pedagogue and philosopher states that this recognition is experienced when the subject/student contemplates the opportunity to know and perceive meanings in the teaching-learning process.<sup>(17-18)</sup>

Furthermore, in this context, the recognition of workers as subjects of their learning is also reflected in the adult literacy methodology developed by Freire. Thus, following the analysis of the reality of the student, Freire also defended the need for a methodology that promotes a critical approach to reality and the elaboration of an action project, of transformation, thus giving meaning from the recognition of the student's capacity for intervention.<sup>(17)</sup>

When pointing out the positive changes that the CHE service brought to the work environment, the participants reported training offered by the institution with themes that are in line with the demand for their services in the company, ratifying the NPCE proposal, which establishes that educational actions must be aligned with the reality of each sector of the hospital.<sup>(3)</sup>

I'll give you an example of a training I did on cardiopulmonary arrest, CPR maneuvers [...] in this training I learned several things that I wasn't used to doing [...] and after the training, I participated in an arrest, I had a different perspective and it was super rewarding for me, because I had doubts and I got them out of this training and with practice [...] I put into practice what I learned in the course. I've already seen the results [...] (N12)

Therefore, by problematizing work spaces, reinforcing critical thinking and encouraging people to look at their own places of production, it is possible to promote the achievement of transformative results in practices, both individual and collective.<sup>(19)</sup> Therefore, it is possible to verify convergences between CHE and Paulo Freire thought, when the latter explains that education should be a constant attempt towards changing attitudes.<sup>(18)</sup>

Therefore, this teaching provides a process of reflection and joint participation in proposing solutions, so that the subjects are active in this construction, since the impact happens collectively.<sup>(19)</sup> In this sense, in light of the testimonies, it is possible to verify the beneficial effects of CHE for the nursing team, which is seen as an opportunity for learning and professional growth, in addition to enabling the continuous improvement of health care, patient safety and the quality of the service provided.

### Difficulties faced in participating in educational activities

In order to obtain results through CHE, it is necessary to carry out planning that is consistent with the policy of the organization in which it is inserted, involving the effective participation of the plan's mentor, its executors and participants.<sup>(20)</sup> However, impediments become inevitable in the provision of educational activities and the overload of demand from the public institution was the challenge reported by practically all the professionals interviewed, according to reports:

[...], but sometimes there are times when you can't go out. Or you arrive a little late for training or, sometimes, you ask to swap with a colleague, right? (N1)

There are days when I want to go, but I can't go because the work demands don't allow me to. (N8)

Furthermore, even though there is the possibility of participating in training, the following statements still express concern about the patient under their responsibility in bed and the overload on the team when they are absent from providing care:

[...] we have to leave the patients and we end up worrying about returning because there is always some demand to fulfill [...] (N4)

[...] it's complicated to leave your shift to attend a course, leave your colleagues with your patients, I get apprehensive! We end up not absorbing as much. But, even if we arrange it, I, at least, can't relax enough to go to the course, you know? [...] (N11)

We have difficulties at the hospitalization unit, we have serious patients, it's hard for us to leave, [...], it's harder for us to be absent. (N3)

The demand for these professionals' work duties, considered by the interviewees to be excessive, is the main factor that hinders their participation in continuing education activities. This fact is confirmed in several studies on this topic, such as a survey conducted with 152 nurses from a public hospital, in which the exhausting workload, high service demand and lack of personnel to cover the unit were the obstacles most reported by the professionals.<sup>(21)</sup>

In addition, the accumulation of work when the nursing professional returns to work activities can also be seen in the literature. This overload is felt after participating in the training program, even with the collaboration of coworkers and supervisors in the sector, who are responsible for any incidents.<sup>(22)</sup>

It is clear that the daily routine of hospital care is permeated by complex situations that require greater flexibility from management to meet all the demands, in terms of mobilizing human resources. In this sense, it is necessary to consider the implementation of a participatory process and an integrated policy for training and development of professionals. Since the adherence of professionals to the continuing education program is enhanced when educational activities are planned by a work team.<sup>(23-24)</sup>

Therefore, unlike a program, which is rigid and prescriptive, it is essential to understand planning in CHE as a strategy, due to its flexibility, since the action scenarios are subject to change according to the different contexts and/or the subjects of the action.<sup>(25)</sup>

Therefore, participatory construction is required, integrating coordination of the continuing education sector, managers and nursing professionals, in order to provide interaction, participation and better results of the program.<sup>(20)</sup>

### Perception regarding the role of management in the implementation of educational activities

According to the nurses' statements, it was possible to highlight the dynamic and hybrid methodology used in the training offered, becoming a strategy of the CCE of the institution under study aimed at better adherence of the professionals involved in the CHE workshops, as observed below:

(The classes) are very dynamic; I think they have even improved. Because before it was [...] that very mechanical thing, just reading or passing on information. But

not today! Today, we really focus on some dynamics, [...] so that he (the employee) learns through small actions so that it doesn't become that boring thing of just reading and passing on information. (N5)

[...] we also go into practice at the time, either through a dummy, or through a "question and answer" dynamic to fix it more. We don't work just reading slides, giving them theory, no. There's online, there's the one we do in the auditorium and "on site" at the stations. There's a realistic simulation lab. There's training there every week... (N11)

We have both "on site" training in the sectors, this training, and we also have a schedule, right? Institutional; which is in the auditorium and in the [teleconference rooms]. (...) We also have an online channel, which is through the "Teams" platform. We are periodically updated with information that is relevant and useful in our work environment, right? (N5)

Therefore, there was good participation by professionals and great acceptability of the educational practices presented in this hospital. This evaluation may be related to strategies for approaching the reality of work, facilitating participation in activities through Active Methodologies (AM). From this perspective, AM can be understood as alternative didactic-pedagogical strategies to traditional teaching, contributing to the professionals' commitment to the learning process and freedom in decision-making in different contexts of their experiential process.<sup>(7,25-26)</sup>

Furthermore, the use of technologies for the CHE process contributes as a form of learning and expansion of knowledge, since it allows the sharing of information in a new space for knowledge construction, allowing more dynamic and flexible access and reaching a greater number of trained workers.<sup>(27-28)</sup>

In another scenario, it was found that educational actions are developed in the sectors and during the nurses' working hours, which corroborates the NPCE, which established that CHE training should be carried out during the professionals' working hours and at their place of work, facilitating the participation of all professionals in the institution.<sup>(3)</sup> However, some statements showed some resistance to this proposal, as they preferred to carry out the training during their free time:

I would prefer it to be during a time when we weren't working, you know? It was like scheduling it during our free time, right? (N1)

Some nurses prefer it on a work day, but most don't. They prefer to come on a day off, for example. I like to write it down. I like to bring a diary and on that day (when I'm busy) there's no way! (N11)

Therefore, the need for flexibility in the NPCE was verified, by providing professionals with the opportunity to offer CHE activities outside their working hours, avoiding the accumulation of their work and allowing them to improve their concentration and engagement in the workshop.

Despite this gap in the Policy, it was also possible to note hospital strategies for promoting these activities:

And then, the (nurse) TM (Technical Manager) tries her best to divide all the nurses so that they can participate. Our technical manager does this. (N11)  
The (nurses) TMs organize it very well so that there are no shortages at the station. [...] They never do (the training) on just one date. They always do it at least two days, two, three days in different shifts. Then, [...], they (TM) make a schedule that suits the course, without compromising the care. (N12)

[...] of course here at UH (University Hospital), there is already a positive point in that they have three schedules so that every professional has the opportunity to participate in the course, right? There are morning, afternoon and evening, so



that the night professional can come on the day; because then, sometimes, they cannot leave in the middle of the care. (N9)

In this scenario, expectations regarding greater availability of time for the same educational action in the sectors and the allocation of nurses for the participation of nursing professionals in educational actions are related to institutional support, which is essential for worker adherence, the collective construction of actions developed by CCHE and ensuring the engagement of nurses in educational processes.<sup>(25,27)</sup>

Therefore, the research contributed to the recognition of the needs and expectations of the training of these professionals, despite having as a limitation the difficulty of nurses in participating in the interview due to the demand of the institution. In this company, potentialities were identified in the implementation and development process, especially in relation to the provision of more dynamic training and with flexible hours for the feasibility of CHE, as well as the interest of this hospital in appropriating new approaches provided by AM.

## CONCLUSION

This study made it possible to understand the perception of nursing assistants about the continuing education service offered by the institution studied, as well as the obstacles and impacts of this service in the context of a university hospital. The evidence of the overload of the service in care is highlighted as the greatest difficulty for nurses to participate in the workshops. This imbroglio can be solved with the adequate management of the CHE and the effective dimensioning of the nursing team.

The participation of nurses in the training planning process is also highlighted, making it essential to make the NPCE more flexible, by accepting the considerations of the nurses in training, promoting the reformulation of their proposals, in order to provide interaction, better adherence and significant results of the program. In short, it is reaffirmed that the existence of an CHE program in the hospital context facilitates the achievement of organizational objectives, as it enhances the opportunity for human development and, consequently, guarantees the best quality of care.

## CONTRIBUTIONS

Contributed to the conception or design of the study/research: Alelaf LMAS, Macedo TX, Trindade FR, Silva MLC. Contributed to data collection: Alelaf LMAS, Macedo TX, Silva MLC. Contributed to the analysis and/or interpretation of data: Alelaf LMAS, Macedo TX, Trindade FR, Silva MLC. Contributed to article writing or critical review: Alelaf LMAS, Macedo TX, Trindade FR, Silva MLC, Pereira LC, Rocha GST. Final approval of the version to be published: Pereira LC, Rocha GST.

## REFERENCES

1. Furtado JHL, Souza MWO, Bezerra ADC, Furtado FPL. Estudos e práticas em enfermagem: assistência, administração e políticas de saúde. Campina Grande, PB: Amplla Editora; 2024[cited 24 jul. 2024]. 7 p. doi: 10.51859/amplla.epe4173-0.
2. Pereira CG, Cadete MMM. Educação permanente na práxis da enfermagem: revisão integrativa da literatura. Rev. Car. Cien. Soc. [Internet]. 15 mar. 2023 [cited 15 jan. 2024];10(8). doi: <https://doi.org/10.51896/caribe/YEJS3475>.
3. Ministério da Saúde (BR). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Portaria nº 198/GM/MS, de 13 fev. 2004. Política Nacional de Educação Permanente em Saúde. Brasília: Ministério da Saúde; 2004 [cited 15 jan. 2024]. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/1832.pdf>.
4. Sá AC, Ferreira ER, Xavier JD, Alves CM. Contribuições da educação permanente para qualificação da assistência de enfermagem em um hospital público. RBCS [Internet]. 6 mar. 2018 [cited 13 jan. 2024];22(1):91-8. doi: <https://doi.org/10.22478/ufpb.2317-6032.2018v22n1.32575>.
5. Melaragno ALP, Fonseca AS, Assoni MAS, Mandelbaum MHS, organizadoras. Educação Permanente em Saúde. Brasília, DF: Editora ABEn; 2023[cited 24 jul. 2024]. doi: <https://doi.org/10.51234/aben.23.e25>.

6. Sade PMC, Peres AM, Zago DPL, Matsuda LM, Wolff LDG, Bernardino E. Assessment of continuing education effects for nursing in a hospital organization. *Acta Paul Enferm*; 2020[cited 13 jan. 2024];33:eAPE20190023. doi: <https://doi.org/10.37689/acta-ape/2020AO0023>.
7. Silva VB da, Pinheiro A de S, Ferreira LN, Cunha IV, Cavalheiro RTM, Stipp MAC. Problem-solving approach to continuing health education in nursing training: an experience in hospital care. *Rev esc enferm USP* [Internet]. 2022[cited 13 jan. 2024];56:e20210543. doi: <https://doi.org/10.1590/1980-220X-REEUSP-2021-0543en>.
8. Oliveira JA, Spagnol CA, Camargos AT, Matos SS, Silva SF, Oliveira JM. Educação permanente em enfermagem no centro de tratamento intensivo. *Rev enferm UFPE on line*. 2020 [cited 15 jan. 2024];14:e244644. doi: <https://doi.org/10.5205/1981-8963.2020.244644>.
9. Manhães LSP, Pinto ACS, Izu M, Tavares CMM, Rosas AMMFT. Perception of nurses in relation to training services offered through the service of continuous education. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)* [Internet]. 1º de abril de 2015 [cited 2 mar. 2024];7(2):2323-35. doi: <https://doi.org/10.9789/2175-5361.2015.v7i2.2323-2335>.
10. Silva BA, Oliveira GS, Brito APG. Análise De Conteúdo No Desenvolvimento De Pesquisas Em Educação. *Cadernos da FUCAMP* [Internet]. 2021 [cited 1º mar. 2024]. p. 64-65. Available from: <https://www.revistas.fucamp.edu.br/index.php/cadernos/article/view/2353>.
11. Sobre o HU-UFPI [Internet]. Empresa Brasileira de Serviços Hospitalares. 2023 [cited 1º mar. 2024]. Available from: [https://www.google.com/url?q=https://www.gov.br/ebserh/pt-br/hospitais-universitarios/regiao-nordeste/hu-ufpi/ acesso-a-informacao/institucional/sobre&sa=D&source=docs&ust=1709315256434158&usg=AOvVaw01rdf\\_5IynrfAR6Hg1daGH](https://www.google.com/url?q=https://www.gov.br/ebserh/pt-br/hospitais-universitarios/regiao-nordeste/hu-ufpi/ acesso-a-informacao/institucional/sobre&sa=D&source=docs&ust=1709315256434158&usg=AOvVaw01rdf_5IynrfAR6Hg1daGH).
12. HU-UFPI/Ebserh é a instituição federal mais elogiada no país [Internet]. Empresa Brasileira de Serviços Hospitalares. 2024 [cited 1º mar. 2024]. Available from: <https://www.gov.br/ebserh/pt-br/hospitais-universitarios/regiao-nordeste/hu-ufpi/comunicacao/noticias/hospital-da-rede-ebserh-do-piaui-e-a-instituicao-federal-mais-elogiada-no-pais#:~:text=O%20Hospital%20Universit%C3%A1rio%20da%20Universidade,41%20hospitais%20universit%C3%A1rios%20no%20pa%C3%ADs>.
13. Interview Transcription & Analysis. Maxda, 2024[cited 1º mar. 2024]. Available from: <https://www.maxqda.com/interview-transcription-analysis>.
14. Bardin L. Análise de conteúdo. Edição revista e ampliada. São Paulo: 2016[cited 1º mar. 2024]. Available from: <https://madmunifacs.files.wordpress.com/2016/08/anc3a1lise-de-contec3badolaurence-bardin.pdf>.
15. Silva AH, Fossá MIT. Análise de conteúdo: exemplo de aplicação da técnica para análise de dados qualitativos. [Internet]. 2015 [cited 1º mar. 2024]. Available from: <https://www.fepiam.am.gov.br/wp-content/uploads/2020/06/2113-7552-1-PB.pdf>.
16. Santos SBC, Parente FL, Linhares RN, Rodrigues SDSA, Mendes RM, Rodrigues TAS, et al. Importância do uso de metodologias ativas na educação permanente sobre segurança do paciente hospitalizado. *PRW* [Internet]. 13 de junho de 2023 [cited 19 jan. 2024]; 5(12):70-7. doi: <https://doi.org/10.53660/554.prw2013>.
17. Pinelli LV, Leão Albuquerque M. Interfaces entre os princípios pedagógicos da Política Nacional de Educação Permanente do SUAS e as ideias de Paulo Freire. *Dialogia* [Internet]. 3 de junho de 2020 [cited 20 jan. 2024]; (34):22-33. doi: <https://doi.org/10.5585/dialogia.n34.16651>.

18. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa*. Rio de Janeiro: Paz e Terra; 2020 [cited 20 jan. 2024]. Available from: <https://nepegeo.paginas.ufsc.br/files/2018/11/Pedagogia-da-Autonomia-Paulo-Freire.pdf>.
19. Santos NC, Cortez EA, Valente GSC. Trabalho docente e educação permanente em saúde: reflexões sob a perspectiva de paulo freire. *Rev. Contemp.* [Internet]. 7 de novembro de 2023[cited 19 jan. 2024]; 3(11):20745-62. doi: <https://doi.org/10.56083/RCV3N11-046>.
20. Peres HHC, Leite MMJ, Gonçalves VLM. Educação continuada: recrutamento e seleção, treinamento e desenvolvimento e avaliação de desempenho profissional. *Gerenc em enferm.* 2016[cited 28 jan. 2024]. Available from: <https://repositorio.usp.br/item/002782475>.
21. Neves GB, Andreto LM, Oliveira CR, Figueira MC. Opinião dos enfermeiros sobre educação permanente em um hospital público. *Rev Enferm UFPE.* 2016 [cited 29 jan. 2024];10(5): 1625-34. doi: 10.5205/reuol.9003-78704-1-SM.1005201608.
22. Sade PM, Peres AM, Brusamarello T, Mercês NN, Wolff LD, Lowen IM. Demandas de educação permanente de enfermagem em hospital de ensino. *Cogitare Enferm* [Internet]. 2019 [cited 29 jan. 2024]; 24. doi: <http://dx.doi.org/10.5380/ce.v24i0.57130>.
23. Adamy EK, Zocche DA de A, Vendruscolo C, Metelski FK, Argenta C, Valentini J dos S. Tecendo a educação permanente em saúde no contexto hospitalar: relato de experiência. *R. Enferm. Cent. O. Min.* [Internet]. 20 mar. 2018 [cited 28 jan. 2024];8. doi: <https://doi.org/10.19175/recom.v7i0.1924>.
24. Sade PMC, Peres AM. Development of nursing management competencies: guidelines for continuous education services. *Rev. esc. enferm. USP* [Internet]. 2015 [cited 28 jan. 2024]; 49(6). doi: <http://dx.doi.org/10.1590/S0080-623420150000600016>.
25. Teodosio SS-C da S, Nóbrega CB de M, Kluczyni CEN, Meneses LB de A. Implantação e desenvolvimento dos núcleos de educação: a percepção dos coordenadores. *Saude soc* [Internet]. 2023 [cited 28 jan. 2024];32:e220824pt. doi: <https://doi.org/10.1590/S0104-12902023220824pt>.
26. Jacobovski R, Ferro LF. Educação permanente em saúde e metodologias ativas de ensino: uma revisão sistemática integrativa. *RSD* [Internet]. 20 mar. 2021[cited 10 fev. 2024];10(3):e39910313391. doi: <https://doi.org/10.33448/rsd-v10i3.13391>.
27. Silva AN, Santos AMG, Cortez EA, Cordeiro BC. Limites e possibilidades do ensino à distância (EaD) na educação permanente em saúde: revisão integrativa. *Ciência coletiva* [Internet]. Abril de 2015 [cited 10 fev. 2024];20(4):1099-107. doi: <https://doi.org/10.1590/1413-81232015204.17832013>.
28. Fontana RT, Thomas LS, Hesler LZ, Guimarães CA. A educação permanente em saúde na prática de enfermeiras: permanent health education in nursing practice. *Rev. Cont. Saúde* [Internet]. 29 dez. 2021 [cited 10 fev. 2024];21(44):236-52. doi: <https://doi.org/10.21527/2176-7114.2021.44.11813>

Conflicts of interest: No  
Submission: 2024/05/20  
Revised: 2025/01/04  
Accepted: 2025/02/06  
Publication: 2025/03/24

Editor in Chief or Scientific: Jose Wicto Pereira Borges  
Associate Editor: Rodrigo Jacob Moreira de Freitas

Authors retain copyright and grant the Revista de Enfermagem da UFPI the right of first publication, with the work simultaneously licensed under the Creative Commons Attribution BY 4.0 License, which allows sharing the work with acknowledgment of authorship and initial publication in this journal.