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Interprofessional education in primary health care: perspectives and experiences

Educación interprofesional en atención primaria de salud: perspectivas y experiencias

Educação interprofissional na atenção primária à saúde: perspectivas e vivências

ABSTRACT

Objective: To verify the perception of primary care professionals about Interprofessional Education for the development of health promotion actions. **Method:** Descriptive research with a qualitative approach, carried out in a municipality in the state of Paraná, developed with 12 Community Health Agents. Data collection took place using the focus group technique and later processed using the IRaMuTeQ® software. **Results:** The words with the highest frequency were: "no", "patient", "doctor" and "a lot". It was identified that Interprofessional Education occurs in a fragile way in daily life, due to its devaluation, inefficient communication between professionals, high demand for activities, lack of time, high turnover of professionals and hierarchy in the work environment. **Conclusion:** The Interprofessional Education process that the professionals participated in awoke to its meaning and importance in the practice of caring for the population, especially in actions focused on health promotion.

DESCRIPTORS: Interprofessional Education; Primary Health Care; Health Promotion.

RESUMEN

Objetivo: Verificar la percepción de los profesionales de atención primaria sobre la Educación Interprofesional para el desarrollo de acciones de promoción de la salud. **Método:** Investigación descriptiva con enfoque cualitativo, realizada en un municipio del estado de Paraná, desarrollada con 12 Agentes Comunitarios de Salud, la recolección de datos se realizó mediante la técnica de grupos focales y posteriormente procesados mediante el software IRaMuTeQ®. **Resultados:** Las palabras con mayor frecuencia fueron: no, paciente, médico y mucho. Se identificó que la EIP se presenta de manera frágil en la vida diaria, debido a su devaluación, comunicación ineficiente entre profesionales, alta demanda de actividades, falta de tiempo, alta rotación de profesionales y jerarquía en el ambiente laboral. **Conclusión:** El proceso de EPP en el que participaron los profesionales despertó su significado e importancia en la práctica del cuidado de la población, especialmente en acciones enfocadas a la promoción de la salud.

DESCRIPTORES: Educación Interprofesional; Atención Primaria de Salud; Promoción de la Salud

RESUMO

Objetivo: Verificar a percepção de profissionais da atenção primária acerca da Educação Interprofissional para o desenvolvimento de ações de promoção à saúde. **Método:** Pesquisa descritiva de abordagem qualitativa, realizada em um município do estado do Paraná, desenvolvida com 12 Agentes Comunitários de Saúde. A coleta de dados ocorreu a partir da técnica do grupo focal e posteriormente processada utilizando o software e IRaMuTeQ®. Seguiram-se todos os preceitos éticos vigentes. **Resultados:** As palavras que apresentaram maior frequência foram: "não", "paciente", "médico" e "muito". Identificou-se que a educação interprofissional ocorre de forma fragilizada no cotidiano, devido a comunicação ineficiente, alta demanda de atividades, ausência de tempo, alta rotatividade de profissionais, hierarquização no ambiente de trabalho e desvalorização de ações educativas. **Conclusão:** O processo de educação interprofissional despertou nos participantes, o seu significado e importância na prática do cuidado à população, em especial nas ações promotoras da saúde.

DESCRIPTORES: Educação Interprofissional; Atenção Primária à Saúde; Promoção da Saúde

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INTRODUCTION

The consolidation of health practices, which are based on the principles and guidelines of the Unified Health System (SUS), have different obstacles, the main weaknesses being the qualification of the health workforce and the fragmentation of care.¹

Permanent Health Education (PHE) and Interprofessional Education (IPE) are tools proposed by the Ministry of Health and the World Health Organization (WHO) for the qualification of human resources involved in health care.^{1,2} EPS focuses on the work-learning produced in the daily life of health services, in which learning and teaching are incorporated into work processes to reduce the differences between professional training and the reality of the health service practice.² The PHE, on the other hand, aims to train health professionals able to work as a team and consequently encourage collaborative practice.^{1,3}

The collaborative practice optimizes the skills and the development of qualified care for individuals, and is performed by an interprofessional team. In addition to being a necessary element for the qualification of health care, if used throughout the training of professionals and not only isolated in the educational curriculum. Thus, PHE can contribute to

better results of human resources in the health sector, and thus strengthen health systems and services.⁴

Primary Health Care (PHC) has shown itself to be ahead in the organization of health services when it comes to teamwork and collaborative practice.⁴ The multiplicity of professionals involved in this level of care, added to characteristics such as the bond and longitudinal care for the population, make it a privileged locus for the transformation of the health-disease situation, especially when the actions are carried out in an interprofessional way, bringing together knowledge and practices for promoting community health.⁵

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METHOD

Descriptive, exploratory research with a qualitative approach, carried out with PHC health professionals in a municipality in the northwest of Pa-

raná-Brazil. The target audience was selected according to the following inclusion criteria: being a health professional, working in the PHC and having participated in at least three educational actions of the Multiprofessional Center for Permanent Education in Health (NUMEPS - Núcleo Multiprofissional de Educação Permanente em Saúde) in 2019. This delimitation was justified by believing that it is enough time to add experiences that allow us to achieve the proposed objectives.

It should be clarified that NUMEPS was an extension project of the Universidade Sem Fronteiras program, which focused on developing a permanent interprofessional training process with the PHC health teams in the Northwest of Paraná.

After analyzing the attendance lists of the training processes established by NUMEPS, an invitation letter was sent to the eligible professionals, via digital mail, for a meeting in which the data collection was carried out. There was a brief explanation about the research data collection objectives and methods, as well as information about the established ethical principles.

12 participants were eligible to participate in the study, these being Community Health Agents (CHA). It is worth mentioning that despite the participation of the other professional categories in the actions carried out by NUMEPS,

only the CHA fit the inclusion criteria proposed by the present study.

Data collection took place in March 2020 through the focus group (FG), which aims to provide interaction between participants and researchers from a dialogical proposal.⁶

The FG discussions were audio-recorded and guided by an unstructured instrument, developed by the researchers, with a view to tinting the objective of the study. The same contained questions related to difficulties in using IPE in the work environment; the perception of changes in practice after training; and the knowledge acquired in the workshops on IPE, developed by NUMEPS.

Even when the participants arrived, they were approached to elucidate aspects related to this research, with subsequent reading of the informed consent form and its signature, if they agreed to participate. The interviewees were accommodated in a private room and arranged in a circle, in order to allow an equal, democratic and active interaction between them.

To support the data analysis, the Qualitative Analysis software R for the Multidimensional Analyzes of Textes et de Questionnaires (IRaMuTeQ[®]), version 0.7 alpha 2 was used. IRaMuTeQ[®] is anchored in the R software to perform statistical calculations from textual corpus, their fractions, text segments, and the words that compose them, highlighting those that are repeated most frequently and creating relationships between them⁷, for this study the word cloud was used.

In this modality, the words present in the participants' speeches are grouped and organized graphically according to their frequency, which makes it easy to identify them.⁷

To guarantee the anonymity of the participants, they were identified with the letter "P", followed by the numeral in the order in which they participated in the FG discussions. The research was approved by the Research Ethics Committee of the State University of Paraná, under opinion No. 3.782.302/2019 (CAAE 26919519.7.0000.9247).

RESULTS AND DISCUSSION

In the lexical analysis, the word "no" was the one with the highest frequency in the corpus - 45 times, followed by the word "patient" - 21 times, "doctor" - 16 times and "very" - 15 times (Figure 1). The words "no"; "Patient" and "doctor" were related to the challenges for the development of IPE in the work process and the word "a lot" to demonstrate the results of the IPE process in the development of educational actions in PHC.

It should be noted that in the figure the words are positioned randomly, and the most frequent ones appear larger than the others, thus demonstrating their prominence in the corpus of research analysis.

Challenges for the realization of Interprofessional Education

The word "no" emphasized that there are some challenges for the realization of IPE in the work process of professionals, among them the lack of valuation of educational actions, difficulties in communication between professionals, the high demand for activities and lack of time, in addition to the high turnover of professionals and the lack of PHE actions.

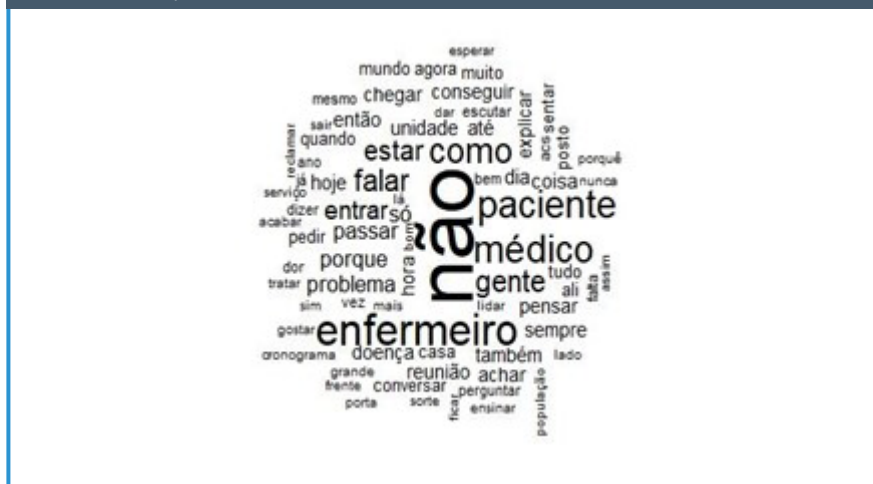
[...] I think that they don't allocate time for that [education actions], we always had plans to do it, but it was left aside, just on paper. They always postpone, new things come, and in that rush there is no conversation, they postpone. The nurse at our clinic has difficulty communicating (P5).

[...] in my unit there is a high turnover of nurses, it has changed a lot, only in the last 8 years we have had 6 or 7 nurses changing (...) (P5).

Collaborative practice is seen as a global strategy in the reconfiguration of health care and aims to solve emerging public health problems. Interprofessionality allows the construction of different possibilities for action and therefore reduces the challenges of health care.¹⁸

Communication, identified by the participants as a weakness for IPE in the work process, should receive special attention from managers. It is considered that for the development of IPE, professionals must have a relationship of reciprocity and cooperation. Thus, management must commit to maintaining a favorable work environment, enabling healthy professional relationships, and assertive communication is essential for this.⁹

Figure 1. Word cloud "Interprofessional education for the development of educational actions in primary care and challenges for its effectiveness". Paranavaí/PR, 2020.



Source: The authors (2020), organized by the IRaMuTeQ[®] software.

It is noteworthy that the word "no" was also associated by the participants with the high demand for activities and the lack of time to carry out the IPE. It is known that work overload is identified as one of the main elements that can induce failures in the scope of professional health activity, especially in nursing and its team.¹⁰

The turnover of professionals, which was also presented as a result of the study, causes significant damage to the care strategies and the construction of bonds between professionals. It is known that the loss of strategic people, such as nurses in PHC, generates a rupture factor and, consequently, impairs organizational efficiency. Turnover is a worldwide concern due to the high cost for healthcare organizations and for affecting the work environment in relation to the quality of care and patient/employee safety.¹¹

In other statements, the word "no" represented the devaluation of the CHA as a professional category of PHC. As can be seen in the following statement:

[...] many think that we do nothing, there are times when we feel useless and I think "my God what am I doing here" [...] (P2).

It is essential that for a reliable performance such as the one theoretically recommended by the EIP, there is valuation of all individuals involved in this process, recognizing the indispensability of complementing knowledge and practices, enabling comprehensive care for the individual, family and community.¹²

ACS, although they represent, quantitatively, the largest professional category in PHC, still express a significant sense of professional devaluation, starting with direct managers and other professionals in the workplace and management.¹³

Then, the word "patient" was used by the CHA when they portrayed the importance of Permanent Education in Health (PHE) and its potential to enhance the occurrence of IPE in the work process, statements that are in accordance with the following statements:

[...] we take care of patients as if they were children (...) everything we learn, we pass it on to patients [...] (P3).

[...] they even sat [nurses and doctors] with us at lunch there, they talked, we asked about some diseases and they explained to us, treatment of how to deal with the patient. Nowadays we don't have that (...) (P8).

It is understood that power relations interfere in IPE, as it is considered that it represents a process of actions that need to be discussed together by workers, in the perspective of individual knowledge being articulated.

PHE and IPE complement each other, as both constitute strategies to improve the quality of health through effective, dialogical and democratic teamwork. Collaborative practice through

educational processes aims to establish cooperative relationships between health professionals, resulting in greater safety for patients and significant improvement in the quality of care.^{1,14}

Hierarchization as a barrier to inter-professional practice

The word "doctor", which also featured in the word cloud, was used to highlight another challenge for the occurrence of IPE in the work process: the hierarchy between the professional categories in PHC, in which, at various times, it is still present the biomedical model of care, as can be seen in the following statement:

[...] there are many doctors that we can't even get close to (...), they don't give freedom for learning and they don't teach you, because we have to know about our patients' disease (...) (P10).

It is known that in PHC, the biomedical model is still present in many settings and this model contributes to strengthen and nurture the curative culture. This context perpetuates the overvaluation of clinical care to the detriment of health promotion and disease prevention actions in PHC, and this fact has negative impacts on the population's health conditions.¹³

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Contributions of a project based on the IPE

Finally, the word "very" was used when the study participants emphasized that the IPE workshops held by NUMEPS were positive, contributed to the construction of knowledge and supported changes in the professionals' work process, as can be seen in the statements below:

[...] we were able to interact with the children in our area, and it was very cool. Especially the theater workshop, for example, for you to carry out a health promotion at the age of 4 to 5 years and complicated, so it was very good (...) (P12).
[...] this exchange of knowledge was really cool, I found it very interesting (...) (P3).

It is noted that the IPE represents a strategy to train professionals capable of collective work. With the encouragement of collaboration, participants share knowledge and previous experiences, building knowledge together, with flexibility, creativity and responsibility,

singling out the essentiality of each professional category, without hierarchy, maintaining the horizontality of relationships.^{1,3,4}

In the literature, the contribution present in the activities marked out by the IPE in the work environment is highlighted, especially with regard to PHC. These, in addition to contributing to a more humanized and participative work environment, expand the possibilities of individual activities, returning these benefits significantly to the community served in this context.^{1,15}

CONCLUSION

The interprofessional education

process was perceived as effective in relation to changes in the development of educational actions for the community, qualifying them in a satisfactory way. However, several factors were found to have a counterproductive effect on the functionality of this process in primary health care. Still, there is an inefficient communication between professionals, high demand for activities, lack of time, high turnover of professionals and hierarchy in the work environment.

The limitation of this study is the participation of only one professional class, which may have influenced the perception of the general context after the educational process. ■

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