Original Article
https://doi.org/10.1590/1983-1447.2025.20250159.en
☑ 35 years of SUS: Nursing in the defense of health as a right

Collective construction of a Continuing Health Education Center in a Brazilian municipality: action research

Construção coletiva do Núcleo de Educação Permanente em Saúde de um município brasileiro: pesquisa-ação

Construcción colectiva de un Centro de Educación Permanente en Salud en un municipio brasileño: investigación-acción

Verusca Soares de Souza[a,c]
Helder de Padua Lima[b]
Soraia Geraldo Rozza[c]
Marcia Vitória Cartides[c]
Jerusa Pontes Gusmão Ramos[d]
Maria Antonia Ramos[a]

How to cite this article:
Souza VS, Lima HP, Rozza SG, Cartides MV, Ramos JPG, Costa MAR. Collective construction of a Continuing Health Education Center in a Brazilian municipality: action research. Rev Gaúcha Enferm. 2025;46(spe1):e20250159. https://doi.org/10.1590/1983-1447.2025.20250159.en

ABSTRACT

Objective: to describe the process of collective construction of the Continuing Health Education Center based on a survey of health workers' needs.

Method: action research conducted between 2021 and 2025, using multiple qualitative and quantitative data collection techniques. The exploratory phase identified the absolute frequency of educational needs, which were validated in a focus group, guiding educational initiatives. Concurrently, a working group held workshops/meetings to develop the documentation necessary to formalize the Continuing Health Education Center.

Results: the thematic priorities for education were "humanization of care for people with mental health problems" in primary and tertiary care, and "management of situations of violence" in secondary care. Three educational initiatives were implemented: humanization for receptionists; basic life support for mid-level professionals; and patient safety for hospital professionals and patients/families receiving care. Finally, the process of establishing the center began with a workshop to develop an action plan and a monthly follow-up. However, political barriers, such as the absence of the position in the municipal organizational chart, hindered the formalization of the sector.

Final considerations: the collective discussion of Continuing Health Education fostered dialogue between the different levels of care. The process of collectively building a Continuing Health Education Center is challenging. Furthermore, it requires the participation of managers, professionals, and healthcare services while overcoming organizational and political barriers.

Descriptors: Continuing Education; Health Personnel; Unified Health System; Health Services Research; Change Management.

RESUMO

Objetivo: descrever o processo de construção coletiva do Núcleo de Educação Permanente em Saúde partindo do levantamento das necessidades dos trabalhadores de saúde.

Método: pesquisa-ação, realizada entre 2021 e 2025, com utilização de múltiplas técnicas de coleta de dados qualitativos e quantitativos. Na fase exploratória, identificaram-se as necessidades de educação em frequência absoluta, que foram validadas em grupo focal, norteando ações educativas. Concomitantemente, um grupo de trabalho realizava oficinas/reuniões para construção da documentação necessária para formalização do Núcleo de Educação Permanente em Saúde.

Resultados: as prioridades temáticas para educação foram "humanização da assistência à pessoa em sofrimento psíquico" na atenção primária e terciária, e "manejo de situações de violência" na atenção secundária. Realizaram-se três ações educativas: humanização para recepcionistas; suporte básico de vida para profissionais de nível médio; e segurança do paciente para profissionais do hospital e pacientes/familiares em atendimento. Por fim, o processo de construção do núcleo se iniciou com oficina de elaboração do plano de ação e acompanhamento mensal, entretanto barreiras políticas como ausência do cargo no organograma do município dificultaram a formalização do setor.

Considerações finais: a discussão coletiva de necessidades de Educação Permanente em Saúde favoreceu o diálogo entre os diferentes níveis de atenção. O processo de construção coletiva de um Núcleo de Educação Permanente em Saúde mostra-se desafiador. Ademais, exige a participação de gestores, profissionais e serviços de saúde, enfrentando barreiras organizacionais e políticas.

Descritores: Educação Continuada; Pessoal de Saúde; Sistema Único de Saúde; Pesquisa sobre Serviços de Saúde; Gestão de Mudança.

[a] Universidade Estadual do Paraná. Centro de Ciências da Saúde. Paranavaí, Paraná, Brasil.
[b] Universidade Federal de Mato Grosso do Sul. Coxim, Mato Grosso do Sul, Brasil.
[c] Universidade Federal de Mato Grosso do Sul. Instituto Integrado de Saúde. Campo Grande, Mato Grosso do Sul, Brasil.
[d] Secretaria Municipal de Saúde. Serviço de Assistência Especializada. Coxim, Mato Grosso do Sul, Brasil.

RESUMEN

Objetivo: describir el proceso de construcción colectiva del centro de formación continua a partir de una encuesta sobre las necesidades del personal sanitario.

Método: investigación-acción, realizada entre 2021 y 2025, utilizando diversas técnicas de recolección de datos cualitativos y cuantitativos. En la fase exploratoria, se identificaron las necesidades educativas en frecuencia absoluta, las cuales se validaron en un grupo focal, orientando las acciones educativas. Simultáneamente, un grupo de trabajo realizó talleres/reuniones para desarrollar la documentación necesaria para la formalización del Centro de Educación Continua en Salud.

Resultados: las prioridades temáticas de la formación fueron la "humanización de la atención a las personas con problemas de salud mental" en atención primaria y terciaria, y la "gestión de situaciones de violencia" en atención secundaria. Se implementaron tres iniciativas educativas: humanización para recepcionistas; soporte vital básico para profesionales de nivel medio; y seguridad del paciente para profesionales hospitalarios y pacientes/familias atendidos. Finalmente, el proceso de creación del centro comenzó con un taller para desarrollar un plan de acción y un seguimiento mensual. Sin embargo, barreras políticas, como la ausencia del puesto en el organigrama municipal, dificultaron la formalización del sector.

Consideraciones finales: el debate colectivo sobre la Educación Continua en Salud requiere un diálogo fomentado entre los diferentes niveles de atención. El proceso de construcción colectiva de un Centro de Educación Continua en Salud es un reto. Además, requiere la participación de gestores, profesionales y servicios de salud, superando las barreras organizativas y políticas.

Descriptores: Educación Continua; Personal de Salud; Sistema Único de Salud; Investigación sobre Servicios de Salud; Gestión del Cambio.

INTRODUCTION

Continuing Health Education (EPS) is recognized as an essential strategy for transforming health practices in the Unified Health System (SUS), promoting the qualification of professionals and continuous improvement of services provided to the population. In recent years, the National Policy for Continuing Health Education (PNEPS) has been strengthened through actions aimed at integrating teaching, service, and community, standing out as a fundamental instrument for the development of health workers and the consolidation of the principles of the SUS[1].

The establishment of Continuing Health Education Centers (NEPS) has proven to be an effective initiative for institutionalizing EPS, providing spaces for dialogue, reflection, and collective learning. These centers act as catalysts for training processes that emerge from the real needs of territories and health teams, promoting significant changes in work processes and the quality of health care[2]. In this sense, the center can enable educational actions to be articulated within the care network, based on real needs, and foster meaningful learning and improvements in the health work process.

Nationally, some regions still face difficulties in implementing NEPS. In the state of Mato Grosso do Sul, for example, 78.6% of municipalities lacked an EPS or NEPS department, unlike the municipality investigated. Furthermore, only 46.4% had a training institution offering secondary or higher education in the health field, demonstrating the barriers to teaching-service integration[3]. Given this situation, which challenges the progress of various sectors and services within the SUS and consequently weakens the guarantee of health as a citizen's right, nurses must understand and explore EPS for the training and qualification of health workers, considering the responsibilities these professionals have in the political, assistance, management, and education dimensions of health care[4].

The presence of higher education institutions in Mato Grosso do Sul opens the possibility of generating changes in work processes through partnerships in the actions proposed by the State Plan for Continuing Health Education (PEEPS), as well as in strengthening its implementation. As nurses and professors, the authors of this article suggest that this research could foster the collective construction of a NEPS in the country, respecting PNEEPS principles, such as on-the-job learning and recognizing workers as the subject of their own learning. Therefore, this research aimed to describe the process of collectively constructing the NEPS based on an assessment of the needs of healthcare workers.

METHOD

Action research carried out in a municipality in the northern region of the state of Mato Grosso do Sul, Brazil. The protocol met the criteria of the Revised Standards for Quality Improvement Reporting Excellence[5].

Action research is a type of social research, conceived and carried out in close association with collective action or problem-solving and in which the researchers and participants representing the situation are involved cooperatively[6].

Regarding the design and organization of action research, Thiollent[6] points to the flexibility of with which it is conducted, emphasizing the back-and-forth movement, where the themes are not ordered in a specific temporal sequence. However, the author emphasizes

that the exploratory phase comes first and, at the end, the results are disseminated externally.

Among these phases, the following tasks emerge: research theme; problem statement; theory placement; hypotheses; seminar; observation field; sampling and representativeness; data collection; learning; formal/informal knowledge; and action plan[6]. Furthermore, the flexibility of the method allows for the application of multiple data collection techniques in a complementary manner.

The exploratory phase consists of discovering the research field, the stakeholders and their expectations, which allows for an initial assessment of the problem situation[6]. The investigation started by identifying the lack and need for EPS actions[7], and the absence of a specific EPS sector/center in the municipality[3]. Exploring this scenario allowed for the listing of the following tasks, which consisted of establishing the research theme and posing the problems, that is, designating the practical problem and the area of knowledge to be addressed[6].

As a first practical action, in August 2021, a meeting was held with the Municipal Secretary of Health and the hospital manager to identify political interest in developing and formalizing a municipal NEPS that would integrate all health services. In view of the interest shown by the managers, the investigation was outlined.

The method suggests the role of theory as the next task, addressing the need to articulate the problem with a theoretical framework[6]. This research was based on the EPS assumptions described in the PNEPS, which seeks to address the need to consider care management as a reflection of the work process[8], based on meaningful learning, the possibility of transforming professional practices, and the fact that it occurs in the daily lives of people and organizations, conceived as work-learning[9]. The theoretical development was followed by the tasks. The hypothesis would be the next task; however, due to the nature of this research, which encompasses multiple data collection and analysis techniques, it was replaced by the premise that "the collective construction of a NEPS based on identifying the needs of health workers would allow for greater professional engagement and respect for the principles of the national continuing education policy."

The subsequent task was to initiate the seminars, the core technique of the action research method, around which the others revolve[6]. The role of the seminar is to examine, discuss, make decisions, and coordinate the research process and its subgroups[6]. The initial seminars were attended by two nurse researchers from the project: the hospital's health care director (nurse); the Municipal Secretary of Health; and a nurse appointed to lead the NEPS development process in partnership with the other stakeholders and selected based on affinity with the topic. At these meetings, the initial projects were presented and approved, and the overall project, entitled "Development and implementation of continuing education strategies with healthcare network workers," was developed and submitted to the Funding Call and Ethics Committee, and was approved under Protocol No.5,472,063 of 2022 and Certificate of Submission for Ethical Review No. 57836522.9.0000.0021. All participants signed the Free and Informed Consent Form (FICF).

The field of observation, sampling, and representativeness was a municipality in the northern part of the state of Mato Grosso do Sul, with an estimated population of 33,547 inhabitants, which was a healthcare hub for a microregion encompassing five municipalities in the northern part of the state. Healthcare workers from all three levels of care were included, regardless of position (whether or not they had specific training in the healthcare field) or length of service. Workers exclusively employed in private healthcare services, self-employed workers, and those not working during the data collection period, i.e., on vacation, leave, or sick leave, were excluded.

Primary care workers included Basic Health Units, the Family Health Strategy, the Family Health Support Center, the health academy, and the prison. Secondary care workers included the Psychosocial Care Center, the polyclinic, the Specialized Assistance Service, the Zoonosis Control Center, Health Surveillance, and the Municipal Health Department (SMS). Tertiary care workers included hospital workers and the Mobile Emergency Care Service.

At the time of the first data collection, the municipality had 826 healthcare workers, according to the National Registry of Healthcare Establishments. Of these, 706 (85.47%) worked in healthcare facilities that provide

care through the Unified Health System (SUS). We excluded 145 workers who were registered as employed by private services (hospitals, clinics, and laboratories) or as self-employed, and 22 workers who appeared twice. A total of 539 healthcare workers were eligible.

To calculate the sample size, which was performed using G-Power 3.1.9.7® software, the chi-square test formula was adopted based on contingency tables. The following values were considered: effect size equal to 0.25 (classified as small to medium), which indicates possible differences in proportions between groups compared in the analysis; α error equal to 0.05 (5%); test power equal to 0.80 (80%); and 5 degrees of freedom. The minimum sample size calculated was 205 participants for the quantitative exploratory phase. Sampling was non-probabilistic. It should be noted that the other phases involved qualitative data collection; therefore, participation used other criteria, as described below:

With the sample size calculation in place, the data collection task sought to strengthen the information from the exploratory phase and was conducted in two stages. The first stage of data collection took place in July 2022, using two structured, self-administered instruments: a sociodemographic and professional characterization instrument; and an instrument to identify EPS needs among healthcare workers. Both instruments were developed by the researchers, and the second was based on the 2019-2022 PEEPS of Mato Grosso do Sul[3]. It listed 32 topics to which professionals responded on a Likert-type scale, with the options "extremely necessary," "very necessary," "somewhat necessary," and "not necessary".

It should be noted that, during this period, the challenges posed by the novel coronavirus pandemic were posed, and biosafety precautions were necessary. Therefore, this stage of data collection took place virtually via the Google Forms® platform. Both instruments were transcribed, along with the informed consent form, and shared extensively via email and messaging groups among workers, with the assistance of managers from various departments. Furthermore, visits to health services were conducted to clarify the research, respecting their availability and interest in participating in the investigation. The data regarding the numerical variables collected in this stage were subjected to descriptive statistical analysis, which enabled the second stage of data collection.

The second stage of data production took place in September 2022, for which healthcare professionals from various categories/functions and all healthcare services were invited to participate in a seminar—one for each level of care—in which the focus group technique was applied. The focus group was led by five nurse researchers with experience in developing qualitative research and applying this data production technique.

In the focus group, the results of the first stage of data collection were presented, highlighting the four main themes by level of attention. This was followed by triggering questions about experiences related to the listed themes in daily professional life and the actions and concerns raised in handling these situations. Finally, the content of the participants' narratives was summarized and presented for possible additions and/or corrections. This resulted in the non-validation and removal of themes listed in the first stage.

The sessions were conducted in a private room provided by the SMS. The average length of the meetings was 150 minutes, and the audio was recorded with the participants' permission. Content analysis was applied to the speeches. This proposal for data production with an emancipatory and democratic focus is in line with Freirean practices of liberation, non-domestication, and valuing the critical thinking of individuals[10].

After data collection, the tasks outlined in the action research method followed: learning and formal/informal knowledge. In the learning task, Thiollent points out that actors generate and use information for clarification and decision-making; in the formal/informal knowledge task, the author clarifies that the goal is to establish a communication structure between the two cultural universes involved in the investigation: the experts (researchers) and the stakeholders (Healthcare Network (HCN) workers)[6]. Therefore, these tasks were performed in all phases of the project, with emphasis on the return of data to stakeholders in seminars with smaller groups in a space for exchange, validation of information, and planning of the action plan.

The subsequent task, an action plan, is a requirement of action research, and its activities were divided into two working subgroups[6]. The first group focused on implementing educational interventions with professionals on the topics listed as priorities, using active teaching and learning methodologies. After each

activity, participants were invited to evaluate the activity using a structured, self-administered instrument developed by the researchers. This instrument addressed aspects related to content, teaching materials, suitability for the workload, physical facilities, instructor performance, and suggestions and comments on the activity. The data from this instrument were tabulated and subjected to descriptive analysis.

The second group focused on the creation of the municipality's NEPS. To this end, focus group participants identified those interested in joining the core, aiming to bring together representatives from the three levels of care. As a first step, based on a need identified in previous focus groups, a NEPS implementation training and planning workshop was offered. The workshop was organized by nurse researchers and led by two nurses with prior experience in the NEPS of the state capital. It lasted 12 hours and was held in April 2023**,** in a room provided by the higher education institution to which the researchers were affiliated. After the workshop, participants were invited to evaluate the activity using a structured, self-administered instrument developed by the researchers. This instrument addressed the usefulness/applicability of the information for creating the NEPS, requesting a score from zero to ten for the activity, as well as suggestions and comments on the action. The data from this instrument were tabulated and subjected to descriptive analysis. From this initial meeting, actions were developed from May 2023 to February 2025, with in-person and dispersion activities, to build the necessary documentation and political articulation for the formalization of the NEPS.

The final phase of the method is external dissemination. In addition to the return of information to the groups involved, scientific dissemination through appropriate channels is assumed. Data were shared with workers through discussions promoted in seminars and educational interventions. Furthermore, this research received financial support from the Research for the Unified Health System (SUS): Shared Management in Health Program (PPSUS), through the Decit/SCTIE/MS program, through the National Council for Scientific and Technological Development, the Foundation for Support for the Development of Education, Science, and Technology of the State of Mato Grosso do Sul, and the Mato Grosso do Sul State Health Department. This culminated in the dissemination of the results in the final seminar of the call, available at https://www.youtube.com/watch?v=V_nIlmYX3io , and in the development of this article.

RESULTS

Although the activities were carried out in a complementary manner, for presentation purposes in this study, it was decided to divide the results into the following stages: information gathering/exploratory phase; educational interventions/action plan; and collective construction of the NEPS.

Information gathering/exploratory phase

Two phases were carried out. The initial phase assessed the EPS needs of RAS workers, with the participation of 215 health workers: 102 from Primary Health Care (APS) (47.7%), 53 from secondary care (24.7%), and 60 from tertiary care (27.9%). Most were female (74.4%), of mixed race (55.8%), with two to five years of experience (74%), a 40-hour weekly workload (73.5%), and statutory status (51.2%). Regarding position/function, nursing technicians (n=42; 19.5%), nurses (n=30; 14%), and Community Health Agents (ACS) (n=29; 13.5%) stood out. Physicians, managers, general service assistants, and administrative assistants had the lowest participation, with seven representatives from each category. According to the level of care, the most frequent positions were ACS (47.1%), SMS workers (39.6%) and nursing technicians (38.3%), for primary, secondary and tertiary care levels, respectively.

The themes for the EPS actions listed as priorities were validated in seminars/focus groups with 15 primary care workers, 11 secondary care workers, and 11 tertiary care workers, totaling 37 participants. The data are summarized in Chart 1.

Educational interventions/action plan

Three educational actions were carried out with the listed themes, which included workers from the three levels of care, as a way to motivate workers in the construction of the NEPS and encourage the continuity of the actions. The educational activities, teaching strategies, and evaluation of the participants are summarized in Chart 2.

Chart 1 – Thematic priorities for Continuing Health Education listed as extremely necessary by workers in the Health Care Network and thematic subdivisions of interest according to the focus group. Municipality of Mato Grosso do Sul, Brazil, 2022

Thematic priorities	EN	Thematic subdivisions to be worked on
	n (%)	
Primary care		
Management of crises and psychotic outbreaks	70 (68.6)	Humanization of care for people with mental health problems in primary healthcare: challenges (stigmas) and strategies (welcoming and qualified listening).
Management of situations of violence	69 (67.6)	Identification/tracking of violence in APS (against children and youth and against women) and possibilities for intersector coordination/action (health, security, justice).
First aid	66 (64.7)	Theoretical-practical mini-course on basic life support on cardiorespiratory arrest, airway obstruction, burns and trauma.
Secondary care		
Management of situations of violence	38 (71.7)	Identification/tracking of violence in APS (violence against children, adolescents and women) and possibilities for intersector coordination/action (health, security, justice).
Strengthening adherence to prenatal care, postpartum care, normal birth, partner adherence to prenatal care	36 (67.9)	Ethics and co-responsibility among RAS professionals.
Tertiary care		
Management of crisis situations and psychotic outbreaks	48 (80.0)	Humanization of care for people with mental health problems in the hospital environment: challenges (stigmas) and strategies (welcoming and qualified listening).
First aid	47 (78.3)	Theoretical-practical mini-course on basic life support on cardiorespiratory arrest, airway obstruction, burns and trauma.
Patient safety	46 (76.7)	Patient safety protocols.

Note: EN - extremely necessary; APS – Primary Health Care; RAS – Health Care Network.
Source: survey data, 2022.

Chart 2 – Continuing Health Education actions carried out with workers in the Health Care Network. Municipality of Mato Grosso do Sul, Brazil, 2023

Theme, date and participants	Teaching strategy	Immediate assessment	Reports on content and applicability
"Care begins at reception – welcoming and humanization" - May/2023 - Receptionists at the three levels of care (n=22)	Culture circle. Dialogical exhibition based on the experiences of workers.	Workload: excellent (59.09%), good (40.91%); Content: excellent (72.73%); Teaching material: excellent (54.55%), good (40.91%); Physical facilities: excellent (63.64%); Instructor performance: excellent (86.36%);	*The talk about empathy, care for users, and good service was extremely important to me.* (Participant 5) *An opportunity to access the practice and listen to other workers, their concerns, anxieties, and perspectives. It can generate consistent changes.* (Participant 10) *Great for self-reflection.* (Participant 8)
"First aid and basic life support" - June/2023 - ACS, nursing technicians and drivers from the three levels of care (n=71)	Realistic simulation. The workers were divided into groups of five people in a circuit format, and went through eight simulated scenarios.	Workload: excellent (59.42%), good (33.33%); Content: excellent (82.61%), good (15.94%); Teaching material: excellent (75.36%); Physical facilities: excellent (76.81%); Instructor performance: excellent (88.41%)	*I gained knowledge on how to save lives, which is important for staying calm at all times.* (Participant 7) *In situations that may arise during home visits, it is important to have immediately applicable knowledge to help.* (Participant 33) *This topic is relevant to our role. It will be very helpful in our daily work as ACSs. This should happen more often.* (Participant 51) *The dynamic way in which the content was addressed helped we better assimilate the topic.* (Participant 10)
"Patient Safety Campaign" - September/2023 - Hospital professionals, patients and family members admitted during the period (n=36 – only professionals who participated in the final workshop)	Decoration of hospital environments with safety goals to raise awareness. Guidance sessions in all departments and shifts on patient safety protocols, addressing patients, family members, and professionals. Final workshop with a lecture on protocols for hospital professionals.	Workload: excellent (83.3%); Content: great (92%); Teaching material: excellent (92%); Physical facilities: excellent (50%), good (41%); Instructor performance: excellent (92%)	*The talk about improving communication for safety, based on Ordinance No. 1820 on the rights and duties of healthcare users, was very interesting.* (Participant 1) *I realized that the dialogue between doctors, nurses, and patients' needs to be improved for patient safety.* (Participant 9) *Congratulations on the hospital decoration initiative and the conversation with family members and patients, a very important topic.* (Participant 5)

Note: ACS – Community Health Agent.
Source: survey data, 2023.

Collective construction of the Continuing Health Education Center

Activities began with a NEPS construction/implementation workshop, attended by 21 representatives from the three levels of care: eight nurses, three nursing technicians, three social workers, two general services assistants, a nutritionist, a pharmacist, a dental health assistant, a receptionist, and a psychologist. The activity was divided into five stages, as shown in Chart 3.

Each of the listed actions was included in the planning matrix based on the 5W3H tool, answering the following questions: What to do? Why do it? Who will do it? When will it be done? Where will it be done? How will it be done? How much will it cost? How will it be measured? With the planning developed and subgroups defined, a monthly meeting schedule was developed to monitor the actions that faced barriers to implementation, as shown in Chart 4.

The NEPS of the municipality under investigation had not been formalized in the SMS at the time of writing this article. However, this experience presents a systematized strategy for planning changes in the structure of SUS health services, collectively, and the political and organizational barriers to be overcome.

Chart 3 – Stages of the workshop for creating the Continuing Health Education Center. Municipality of Mato Grosso do Sul, Brazil, 2023

Action	Summary of participants' considerations/discussion results
Step 1 – Observation of reality	
Why create a NEPS?	Regulation of the EPS process; more precise assessment of local needs; motivation at work; creation of an EPS culture in institutions; need for institutional organization; and the need to seek strategies to improve service and professional qualification.
What exists today?	The SMS had not included a position for EPS in its organizational chart or published internal regulations, designating a nurse to lead the NEPS development process. However, this nurse also performs other functions during her working hours. The services did not have a designated department or professional for education.
Potential difficulties and facilities	Strengths: Interest from the hospital management and the Municipal Health Secretary; support from a higher education institution with professors and training in health, humanities, technology, and law; human resources with the potential to carry out EPS activities; and an active Municipal Health Council that was sensitive to the issue. Difficulties: There was no pressure from higher authorities to implement NEPS in the municipality; limited workload and lack of financial incentives for NEPS coordination; staff overload; and no established EPS culture.
Step 2 – Theorizing	
Important readings	Reading and discussion for theoretical deepening: PNEPS[1]; PEEPS[3]; COAPES[11]; interprofessional education[12].
Governance assurance	Study of legislation/documentation to propose/ensure changes in: - Administrative structure: position in the organizational chart and preparation of internal regulations; - Physical structure: location, furniture, equipment and human resources; - Operational structure: internal communication network, SUS planning instruments (PMS, PAS, RAG, PPA, LDO, LOA), COAPES, working groups and collegiate bodies established in the official gazette.

Chart 3 – Cont.

Action	Summary of participants' considerations/discussion results
Step 3 – Let's get to work	
Structural intervention matrix	Listed actions: - Raise awareness among the involved bodies: professionals, managers and municipal politicians; - Prepare NEPS internal regulations; - Submit the document to authorities (chief of staff of the Secretary of Health and planning sector); - Request formal designation of NEPS coordinator and working group.
Teaching-integration matrix service	Listed actions: - Identify educational institutions that use the services as a field for practical classes and internships, verifying how the contracting process is carried out; - Request matrix support to conduct COAPES.
Planning matrix of management instruments	Listed actions: - Deepen study of NEPS ordinances, laws, regulations, rules and theoretical materials; - Supervise the execution of the NEPS implementation working group's activity schedule; - Create an EPS plan and officially publish it with the support of the SUS planning sector; - Coordinate, together with the sectors involved, the execution of the EPS plan.
Step 4 – Final considerations	
Experiences of consolidated NEPS	Some competencies and actions of the NEPS in the state capital stood out, which can be replicated: - The sector worked with four major areas of action: EPS; teaching-service integration; graduate studies and research; and popular health education. Thus, it transversally integrates teaching and learning processes into management, health care, education, and social oversight. - The work involves stimulating educational processes in the daily work of health services, organizing educational processes together with the different sectors of the Health Department and the educational institutions that make up COAPES; - Regulates and coordinates, together with the secretariat's technical areas, health research processes and postgraduate demands.
Tools for organizing work	Some resources that could be used to control the execution of actions were presented, such as Scrum®, Kanban® and Trello®.

Chart 3 – Cont.

Action	Summary of participants' considerations/discussion results
Step 5 – Meeting Evaluation	
Results of the activity evaluation instrument	- 95% rated the workshop as useful for the NEPS implementation process; - 80% gave the workshop a score of 10; - 20% gave the workshop a score of 9. Some reports: *Innovative learning. It clarified many doubts and showed ways to improve our work.* (Participant 7) *Very important, I believe that today marks the beginning of a major project. We needed this support.* (Participant 10)

Note: PMS - Municipal Health Plan; PAS - Annual Health Programming; RAG - Annual Management Report; PPA - Multi-Year Plan; LDO - Budget Guidelines Law; LOA - Annual Budget Law; NEPS - Continuing Health Education Center; EPS - Continuing Health Education; COAPES - Organizational Contract for Public Action in Education and Health; SMS - Municipal Health Department.
Source: survey data, 2023.

Chart 4 – Monthly actions of the working group for the creation of the Continuing Health Education Center. Municipality of Mato Grosso do Sul, Brazil, 2023

Period	Activities carried out	Activities and barriers
May/2023	- Raising awareness among the bodies involved; - Theoretical deepening for the preparation of the NEPS internal regulations.	The previous month, the Health Secretary changed, requiring a new approach and presentation of the work. The nurse initially assigned to coordinate EPS activities also changed, necessitating an extension of the deadline for the new professional to be updated on the actions developed to date and to gain theoretical depth.
June/2023	- Formal designation of NEPS coordinator and working group; - Dissemination of official information in the SMS with the list of the creation working group in the NEPS.	The absence of the EPS sector in the organizational chart or the function described in the municipality's salary plan prevented the designation of an exclusive person for the NEPS, which culminated in the maintenance of the division of the NEPS nurse's workload with other functions. A meeting with the planning department was suggested to discuss the possibilities of including the NEPS coordinator in the municipality's organizational chart and job and salary plan.
July / 2023	- Meeting with the planning department; - Beginning of the construction of the NEPS internal regulations.	The person responsible for municipal planning informed that there was no position foreseen within the SMS organizational chart and, therefore, there could be no appointment. A change in the organizational structure of the SMS is necessary for the NEPS to be formalized.

Chart 4 – Cont.

Period	Activities carried out	Activities and barriers
August/2023 to January/2025	- Construction of the NEPS regulations; - Construction of a proposal to reorganize the SMS organizational chart.	The nurse assigned to coordinate the process continued with her workload divided among other functions, due to the absence of this role in the formal structure of the SMS. The group dispersed due to the slowness of the process, and a smaller number of people continued to participate in the construction of the documentation – two SMS nurses and a nurse researcher – which meant that during this period there were moments when other demands were prioritized and moments when the construction of the NEPS documents was resumed. Between August 2023 and February 2025, job turnover increased following the municipal election period. The Health Secretary changed, and the awareness-raising effort needed to restart.
February/2025	- Meeting of the Municipal Health Council; - Documents created and request for formalization;	The council drafted a letter to the Secretary of Health, requesting the activation of NEPS to continue the actions initiated.
April/2025	- Conference on Attention to the Health of Workers.	The second axis presented the creation of NEPS as a proposal to the municipal administration, highlighting the city's participation in the NEPS collective construction project and warning about the administration's lack of continuity in the project. On this day, the administration agreed to the creation of NEPS.
June/2025	- Regional conference on the rights of LGBTQIAPN+ people.	Included among the proposals drafted/approved was "promoting ongoing education among workers in public institutions on topics/issues relevant to the LGBTQIAPN+ population"

Note: NEPS - Center for Continuing Education in Health; EPS - Continuing Education in Health; SMS - Municipal Health Department; LGBTQIAPN+ - Lesbian, Gay, Bisexual, Transsexual/Transvestite/Transgender, Queer, Intersex, Asexual, Pansexual, Non-binary people and more.

DISCUSSION

The results of this study indicate the participation of workers working at different levels of health care and performing various functions/positions. The idea of considering the diversity of workers working in the SUS, both in actions aimed at EPS and in the construction of a NEPS, is based on the interprofessional education (EIP) approach, understood as an intervention in which members of more than one profession learn together, interactively, with the aim of improving interprofessional collaboration, which can positively reflect on the quality of care provided to users[12].

The EIP can be fostered by EPS, especially in proposals such as this study, which suggests collective discussion among different professional categories and levels of care. However, barriers to its implementation are common, such as those identified in an integrative review focused on identifying EIP barriers and facilitators among occupational health professionals, which highlighted the lack of perceived value of the activities, insufficient interaction skills, lack of understanding of

the role of other participants, lack of organizational support, and lack of time[13]. Mitigating these barriers is necessary for the effectiveness of collaborative practice.

Primary health care workers, community health agents (ACS), and nursing professionals emerged as those with the greatest participation in identifying thematic priorities for EPS actions. These professionals stand out as the actors with the greatest proximity and contact with the community/population, being fundamental in defending health as a right and in planning/implementing EPS actions[14]. Nursing stands out for its established bond with users and qualified listening, which favors the identification of real health and professional education needs, contributing decisively to ensuring that EPS is connected to the local reality. On the other hand, it was evident that physicians, managers, general service assistants, and administrative assistants were the workers who participated least in these actions. In addition to resistance and lack of individual interest, other factors may hinder the adherence of some health workers to EPS actions, including lack of motivation associated with work overload, lack of authorization from managers to participate in activities, and the lack of human resources to replace workers who are absent from their activities to participate in such actions [15].

The "humanization of care for people with mental health problems" has emerged as a priority theme in EPS initiatives among primary and tertiary health care workers. EPS initiatives on this topic are important for raising awareness among health care workers about the legitimacy and uniqueness of the health needs of people with mental health problems, ensuring accountability for mental health care, and developing coordinated, integrated practices aligned with the psychosocial care model[7].

EPS experiences have proven to be a political-pedagogical strategy that promotes discussion, problematization, and collective reflection on how workers care for people experiencing psychological distress and the need to use soft technologies (welcoming, listening, bonding, co-responsibility, and autonomy) as tools for therapeutic relationships, expression of subjectivity, and mental health care. Nursing, through its training and daily practice, operates under the logic of these soft technologies, suggesting an important role in the consolidation of humanized and integrated practices in mental health care. In this sense, EPS actions enable the redefinition of professional practice and broaden workers' perception of shared care, which can have a positive impact on the humanization of care at different levels of the SUS[16].

Regarding "managing situations of violence," a topic identified as a priority in EPS initiatives for secondary care workers, the scientific literature highlights the difficulties faced by healthcare workers in responding to situations of violence. A study conducted with workers in Uganda on the use of guidelines for treating victims of sexual violence found a need for additional training (68%) and uncertainty about the existence of a clear protocol for treating survivors of sexual violence (48%) [17]. In this regard, continuing education initiatives can help standardize actions, integrate the different network mechanisms, and ensure greater confidence among professionals in their roles.

The collective effort of establishing thematic priorities to be addressed in the EPS, as proposed in this study, can foster feelings of appreciation and belonging in healthcare workers. Furthermore, it contributes to an understanding of the importance of worker involvement and accountability in their own professional development. Within the framework of collective development within the EPS, healthcare workers problematize everyday reality, raise important issues, reevaluate their behaviors, seek achievable solutions to their needs, and share responsibilities as a way to overcome challenges[18–19].

The reports of participants in the EPS actions proposed in this research denote the construction of a dialogical space using active teaching-learning methodologies, in which participants autonomously discussed their ideas on topics they considered relevant to everyday reality; shared experiences, doubts, anxieties, and concerns; and reflected on daily practice and the relevance of interprofessional dialogue. From a Freirean perspective, it is believed that this way of encouraging workers' participation and involvement in the proposed EPS process contributed to these subjects' perception of it as pertinent and timely[10].

An experience with implementing EPS workshops in the state of Paraná, Brazil, found that the use of active methodologies contributed to the development of a teaching-learning process based on the problematization of everyday life, the protagonism of participants, and the redefinition of knowledge based on multiple

areas of expertise. These meetings provided a safe space for horizontal dialogue about questions, experiences, and knowledge. At the end of each workshop, participants were asked to evaluate the EPS strategy's benefits and its practical applicability. This evaluation contributed to the improvement of the EPS work[20].

The results indicate that, throughout the stages of collective construction of the NEPS, situations were experienced that either facilitated or hindered/challenged the process. As identified in a scientific study conducted in the state of Rio Grande do Norte, Brazil, aspects such as coordination between the SMS and the higher education institution to which the authors were affiliated, workforce and teaching qualifications, local-regional support, a sense of belonging to the municipal context among health managers and workers, and the sensitivity, dedication, and commitment of some stakeholders stood out among the facilitating factors. On the other hand, excessive work demands, limited time/schedules, lack of continuity in management practices and conflicts of political interest, low training of workers and managers on EPS, lack of regulation for payment of professional education hours for health workers, and weak support for EPS policies and practices hindered the execution and sustainability of some actions aimed at building/implementing the NEPS[21]. In this scenario, the majority presence of nursing professionals highlights the category as persistent actors in defending the institutionalization of NEPS who, even in the face of adversity, assumed leadership roles in the work groups, mobilizing teams and seeking political articulation to formalize the nucleus.

As mentioned, the municipal NEPS had not been established by the SMS until the completion of this article. NEPS is understood as an administrative body that promotes training activities and is responsible for their operationalization, implementation, and evaluation in an ongoing process[18]. Thus, the presence of a NEPS in a municipality demarcates an institutional responsibility, and its absence can contribute to the sporadic promotion of educational activities, without considering the exchange of knowledge and experiences in a multidisciplinary context, without stimulating collaboration and teamwork, and failing to improve health care practices[22]. It is noteworthy, in this context, that nurses, due to their history of involvement in training activities and accumulated experience in in-service education, have the potential to assume the pedagogical and organizational coordination of NEPS, directly contributing to the continuity and sustainability of EPS actions in the territory.

A NEPS in the municipality where this study was conducted would play a key role in implementing evidence-based EPS policies and collaborative practices, ensuring updates based on clinical guidelines and scientific research, which would contribute to ensuring the safety and quality of healthcare. Using the assessment of workers' training needs, the NEPS could also identify priority areas for intervention and develop educational programs that address these topics. Thus, the NEPS would play a relevant role in promoting EIP, impacting the quality of healthcare services and the care provided to users. Future studies that replicate the methodology and monitor professionals for a long period would allow us to verify the influence of educational activities on healthcare quality indicators, such as improving workflows, care, and the review/creation of care protocols more aligned with the local reality.

FINAL CONSIDERATIONS

The implementation of NEPS proved challenging and required broad participation from managers, different professional categories, and health services linked to a RAS, in addition to overcoming organizational and political barriers. The collective assessment and discussion of EPS needs resulted in the appreciation of SUS workers as subjects and fostered dialogue between the different levels of care, enabling health workers to critically reflect on their experiences in services and connect theory and practice. This process, supported by the logic of practice-reflection-action, is the foundation of the activities developed within the EPS, promoting improvements in the work process and the quality of care provided.

Although limited to one municipality and because long-term monitoring and measurements were not conducted after continuing education to verify the effectiveness of the interventions, it is believed that sharing the experience of the NEPS construction movement can inform the development of other initiatives. In this context, the role of nursing stands out, often leading health education processes, both due to its

constant presence at different points of the RAS and its coordinating role with multidisciplinary teams and management. The leading role of nursing in these spaces not only strengthens the coherence between training and practice but also expands the scope of EPS actions, contributing to the development of more effective, participatory, and problem-solving care strategies.

REFERENCES

1. Ministério da Saúde (BR). Política Nacional de Educação Permanente em Saúde [Internet]. Brasília: Ministério da Saúde; 2021 [cited 2025 May 29]. Available from: https://www.gov.br/saude/pt-br/composicao/sgtes/pneps
2. Carvalho ML, Alcoforado JLM. Educação Permanente em Saúde no Brasil: revisão sistemática. Educ Cienc Saude. 2023;(101). https://doi.org/10.20438/ecs.v10i1.521
3. Governo do Estado do Mato Grosso do Sul. Plano Estadual de Educação Permanente em Saúde do Estado de Mato Grosso do Sul 2019-2022 [Internet]. Campo Grande: MS; 2019 [cited 2025 May 29]. Available from: https://www.conass.org.br/planos-estaduais-educacao-permanente/PEEPS-MS.pdf
4. Lima LG, Reichert MC, Balsanelli AP. Atividades de educação permanente dos estudantes de graduação em enfermagem: um recorte temporal. Enferm Foco. 2024;15:e-202488. https://doi.org/10.21675/2357-707X.2024.v15.e-202488
5. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 Standards for QUality Improvement Reporting Excellence: revised publication guidelines from a detailed consensus process. BMJ Qual Saf. 2015;24(12):527-8. https://doi.org/10.1136/bmjqs-2015-004411
6. Thiollent M. Metodologia da pesquisa-ação. 18. ed. São Paulo: Cortez; 2022
7. Lima HP, Machado CFT, Britto ACS, Rozza SG, Costa MAR, Souza VS. Prioridades temáticas para a educação permanente em saúde mental na perspectiva de trabalhadores da saúde. Cogitare Enferm. 2024;29:e92266. https://doi.org/10.1590/ce.v29i0.92266
8. Ministério da Saúde (BR). Portaria nº 198, de 13 de fevereiro de 2004. Institui a Política Nacional de Educação Permanente em Saúde como estratégia do Sistema Único de Saúde para formação e o desenvolvimento de trabalhadores para o setor e dá outras providências [Internet]. 2004[cited 2025 May 29];14132. Available from: https://www.nescon.medicina.ufmg.br/biblioteca/registro/Portaria_n___198_GM_MS___de_13_de_fevereiro_de_2004/58
9. Ministério da Saúde (BR). Portaria nº 1.996, de 20 de agosto de 2007. Dispõe sobre as diretrizes para a implantação da Política Nacional de Educação Permanente em Saúde [Internet]. 2007[cited 2025 May 29];144162. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2007/prt1996_20_08_2007.html
10. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. São Paulo (SP): Paz e Terra; 2011.
11. Ministério da Saúde (BR), Ministério da Educação (BR). Portaria Interministerial nº 1.127, de 04 de agosto de 2015. Estabelece diretrizes para a integração ensino-serviço no âmbito do SUS [Internet]. 2015[cited 2025 May 29];148. Available from: https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=05/08/2015&jornal=1&pagina=193&totalArquivos=196
12. World Health Organization (WHO). Marco para ação em educação interprofissional e prática colaborativa [Internet]. Genebra: Organização Mundial da Saúde; 2010[cited 2025 May 29]. 64 p. Available from: https://www.anamt.org.br/site/arquivos/meus_arquivos/arquivos/meu_arquivo/m5086a98b7c2b9.pdf
13. Zwaan E, Zipfel N., Kuijer-Siebelink W. Oomens S, van der Burg-Vermeulen SJ. Barriers and facilitators for interprofessional education in work-focused healthcare: an integrative review. J Occup Rehabil. 2025. https://doi.org/10.1007/s10926-025-10278-3
14. Santos SD, Franco DSCS, Souza LFD. A importância da enfermeira na educação permanente do Agente Comunitário de Saúde (ACS) na Estratégia de Saúde da Família (ESF). Braz J Dev. 2020;6(12):98517–33. https://doi.org/10.34117/bjdv6n12-369
15. Parente AN, Ferreira GRON, Cunha CLF, Ramos AMPC, Sá AMM, Haddad MCFL, et al. Educação permanente para qualidade e segurança do paciente em hospital acreditado. Acta Paul Enferm. 2024;37:eAPE00041. https://doi.org/10.37689/acta-ape/2024AO0000041
16. Fornereto APN, Sousa DF, Martini LC. Educação Permanente em Saúde como estratégia para trabalho colaborativo na Rede de Atenção Psicossocial. Interface. 2023;27:e220221. https://doi.org/10.1590/interface.220221
17. Fay KE, Beyeza-Kashesya J, Gossett DR. Ugandan Health Care Professionals' Response to Sexual Violence Survivors: Exploring Local Strategy and International Guidelines. J Interpers Violence. 2021;3613-14):6466-86. https://doi.org/10.1177/0886260518815137
18. Jesus MCP, Figueiredo MAG, Santos SMR, Amaral AMM, Rocha LO, Thiollent MJM. Educação permanente em enfermagem em um hospital universitário. Rev Esc Enferm USP. 2011;45(5):1229–36. https://doi.org/10.1590/S0080-62342011000500028
19. Miccas FL, Batista SHSS. Educação permanente em saúde: metassíntese. Rev Saude Publica. 2014;481):170–85. https://doi.org/10.1590/S0034-8910.2014048004498
20. Ferraz EM, Mendonça FF, Carvalho BG, Santini SML, Almeida EFP, Silva JFM, et al. A interdisciplinaridade na construção da Educação Permanente em Saúde com equipes gestoras. Saude Debate. 2022;46(spe6):217-27. https://doi.org/10.1590/0103-11042022E619
21. Cavalcante MCW. Desafios e potencialidades para estruturação do Núcleo de Educação Permanente em Saúde no município de Caicó/RN [Dissertação] [Internet]. Caicó: Universidade Federal do Rio Grande do Norte, Escola Multicampi de Ciências Médicas; 2024. 75 f. [cited 2025 May 29] Available from: https://repositorio.ufrn.br/server/api/core/bitstreams/b922a7c1-4336-409e-bcef-a1afff68ff5a/content
22. Mendes MAL, Machado MF. Educação Permanente em Saúde na rede de atenção às vítimas de violência sexual de Alagoas. Trab Educ Saude. 2024;22:e02702250. https://doi.org/10.1590/1981-7746-ojs2702

Availability of data and material

Access to the dataset may be granted upon request to the corresponding author.

Acknowledgments

This study was carried out with the support of the Coordination for the Improvement of Higher Education Personnel — Brazil (CAPES) — Financing Code 001 and the Federal University of Mato Grosso do Sul Foundation and the Research Program for the SUS: shared management in health — PPSUS, with financial support from Decit/SCTIE/MS, through CNPq, FUNDECT and SES-MS.

Authors' contribution

Conceptualization: Verusca Soares de Souza, Helder de Pádua Lima
Data curation: Verusca Soares de Souza, Helder de Pádua Lima, Soraia Geraldo Rozza
Formal analysis: Verusca Soares de Souza, Helder de Pádua Lima
Funding Acquisition: Verusca Soares de Souza
Methodology: Verusca Soares de Souza, Helder de Padua Lima, Soraia Geraldo Rozza, Marcia Vitória Cartides, Jerusa Gusmão Ramos, Maria Antonia Ramos Costa
Writing - original draft: Verusca Soares de Souza, Helder de Padua Lima, Soraia Geraldo Rozza, Marcia Vitória Cartides, Jerusa Gusmão Ramos, Maria Antonia Ramos Costa
Writing – review and editing: Verusca Soares de Souza, Helder de Pádua Lima

The authors declare that there is no conflict of interest.

Corresponding author:

Verusca Soares de Souza
Email: verusca.souza@unespar.edu.br

Associate editor:
Cristianne Maria Famer Rocha

Editor-in-chief:
João Lucas Campos de Oliveira

Received: 05.31.2025
Approved: 08.25.2025