

ORIGINAL ARTICLE

CONTINUOUS NURSING EDUCATION REQUIREMENTS IN A TEACHING HOSPITAL*

Priscila Meyenberg Cunha Sade¹, Aida Maris Peres², Tatiana Brusamarelo³, Nen Nalú Alves das Mercês⁴, Lillian Daisy Gonçalves Wolff⁵, Ingrid Margareth Voth Lowen⁶

ABSTRACT

Objective: to analyze the continuous education requirements of the nursing team of a public teaching hospital in southern Brazil.

Method: documental, descriptive and quantitative-qualitative study, based on documents completed by nursing professionals in 2016 for the evaluation of the continuous education program of this hospital. In the data analysis, statistical functions of the Biostat5.3® and IRAMUTEQ® programs were used.

Results: 72 (48%) documents completed by urgency/emergency professionals; 140 (54.93%) reports of not participating in educational actions due to not knowing; 108 (38.3%) requests for educational actions for technical-scientific updating. Regarding the expectations about the program, six classes were defined: presentation of the program; divulgation of the actions; educational actions related to the healthcare units; distance and in-sector educational actions; availability of schedules for the educational action; scale for the participation of the professionals in these actions.

Conclusion: the documental analysis of these requirements supports the planning and improvement of continuous nursing education proposals.


DESCRIPTORS: Health planning; Continuous nursing education; In-service training; Nursing team; Nursing services.


HOW TO REFERENCE THIS ARTICLE: Sade PMCS, Peres AM, Brusamarelo T, Mercês NNA, Wolff LDG, Lowen IMV. Continuous nursing education requirements in a teaching hospital. *Cogitare enferm.* [Internet]. 2019 [access "insert day, month and year"]; 24. Available at: <http://dx.doi.org/10.5380/ce.v24i0.57130>.


*Article derived from the doctoral thesis "Avaliação de um programa de educação permanente em enfermagem no contexto hospitalar: análises estratégica, lógica e dos efeitos". Federal University of Paraná, 2017.





This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).


¹Registered Nurse PhD in Nursing. Public Employee of the Paraná State Department of Health, Health Surveillance Inspectorate. Curitiba, PR, Brazil. 

²Registered Nurse. PhD in Nursing. Professor of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil. 

³Registered Nurse PhD in Nursing. Head of the Extension Activities Management Unit of the Clinical Hospital Complex of the Federal University of Paraná. Curitiba, PR, Brazil. 

⁴Registered Nurse. PhD in Nursing. Professor of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil. 

⁵Registered Nurse. PhD in Production Engineering. Professor of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil. 

⁶Registered Nurse. MSc in Nursing. Public Employee of the Municipal Health Department of Curitiba, Primary Care Department. Curitiba, PR, Brazil. 

DEMANDAS DE EDUCAÇÃO PERMANENTE DE ENFERMAGEM EM HOSPITAL DE ENSINO

RESUMO

Objetivo: analisar demandas de educação permanente da equipe de enfermagem de um hospital público de ensino do sul do Brasil.

Método: pesquisa documental, descritiva e quanti-qualitativa, realizada a partir de documentos preenchidos por profissionais de enfermagem em 2016, para avaliação do programa de educação permanente desse hospital. Na análise dos dados, utilizou-se funções estatísticas do Biostat5.3® e IRAMUTEQ®.

Resultados: 72 (48%) documentos preenchidos por profissionais de urgência/emergência; 140 (54,93%) marcações de não participação em ações educativas por desconhecimento; 108 (38,3%) solicitações de ações educativas para atualização técnico-científica. Sobre as expectativas acerca do programa, definiram-se seis classes: apresentação do programa; divulgação das ações; ações educativas relacionadas às unidades assistenciais; ações educativas a distância e nos setores; disponibilidade de horários para a mesma ação educativa; escala para participação dos profissionais nessas ações.

Conclusão: a análise documental de tais demandas subsidia o planejamento e aperfeiçoamento de propostas de educação permanente em enfermagem.

DESCRITORES: Planejamento em saúde; Educação continuada em enfermagem; Capacitação em serviço; Equipe de enfermagem; Serviços de enfermagem.

DEMANDAS DE EDUCACIÓN PERMANENTE DE ENFERMERÍA EN HOSPITAL DE ENSEÑANZA

RESUMEN

Objetivo: analizar demandas de educación permanente del equipo de enfermería de un hospital público de enseñanza de sur de Brasil.

Método: investigación documental, descriptiva, cuantitativa y cualitativa, realizada por medio de documentos que profesionales de enfermería completaron en 2016, para evaluación de programa de educación permanente de ese hospital. En el análisis de los datos, se utilizaron funciones estadísticas de Biostat5.3® y IRAMUTEQ®.

Resultados: profesionales de urgencia/emergencia rellenaron 72 (48%) documentos; 140 (54,93%) señalaron no participación en acciones educativas por desconocimiento; 108 (38,3%) hicieron solicitudes de acciones educativas para actualización técnico-científica. Acerca de las expectativas sobre el programa, resultaron seis clases: presentación del programa; divulgación de las acciones; acciones educativas asociadas a las unidades asistenciales; acciones educativas a distancia y en los sectores; disponibilidad de horarios para la misma acción educativa; escala para participación de los profesionales en esas acciones.

Conclusión: el análisis documental de las demandas subvenciona el planeamiento y perfeccionamiento de propuestas de educación permanente en enfermería.

DESCRIPTORES: Planeamiento en salud; Educación continuada en enfermería; Capacitación en servicio; Equipo de enfermería; Servicios de enfermería.

INTRODUCTION

The need to rethink development and education in the context of the work of the health organizations in order for professionals to articulate knowledge and practice is a frequent concern for educational institutions and health services. Improvements are sought in educational actions directed toward health providers for a more flexible, reflexive and participative approach, with the aim of contributing to the quality of the healthcare through team performance and professional growth in these services⁽¹⁾.

In the international context, educational programs in hospital organizations are classified as essential for the health of the population. Authors of the area highlight that, through accelerated advances in information and technology, health providers need to maintain and improve their knowledge and skills throughout their careers in order to provide safe, effective and high quality patient care⁽²⁻³⁾.

In the Brazilian scenario, there is a trend towards investment in the development and education of professionals with a view to changing their behavior. This is due to a new logic in people management, driven by the National Policy on Continuous Education, National Curricular Guidelines and technological innovations, and by the processes of quality certification in health organizations, which have revealed the need to review educational processes in the work context⁽⁴⁻⁶⁾.

Behavior changes require the implementation of educational processes that enable continuous learning and the use of the knowledge, skills and attitudes in the professional exercise of health work. These are processes, under the focus of Continuous Health Education (CHE), which aim for learning from the problematization of reality and the development of proposals that enable the change of practices and operate in live realities, considering the activities carried out by the different health providers and the responsibility with the collective^(1,6-8).

It should be emphasized that CHE, as a systematic and global strategy, can include several specific training actions in its process, not the other way around. Within a larger sustainable strategy, they can have a beginning and an end, and be directed toward specific groups of workers, as in the case of nursing professionals, as long as they are articulated to the general strategy of organizational change⁽⁷⁾.

According to this logic, to develop CHE proposals that actually generate the results expected it is necessary to carry out planning with aims that are convergent to the organization's policy, constructed in a participatory way, integrating the plan's mentor, its executors and participants⁽⁶⁾.

To do this, a diagnosis must first be conducted in order to verify whether the difficulties, requirements and expectations of the professionals are problems that can be solved. According to the theoretical-methodological framework adopted in this study, this is a needs assessment that is essential for strengthening decisions about the educational design, the educational management and the evaluation of the educational processes⁽⁹⁾.

In view of the above, since all proposals for continuous education require the investigation of needs for their planning, execution and feedback, the aim was to analyze the continuous education requirements of the nursing team of a teaching hospital.

METHOD

This was a documental, descriptive, quantitative-qualitative study. Documents were used that did not undergo analytical treatment, that is, they were not analyzed or systematized. These documents are considered primary sources of information, which, by definition, were explored in the context of a research procedure⁽¹⁰⁻¹¹⁾.

The documents analyzed were 150 instruments manually completed by nursing professionals to evaluate the Continuous Nursing Education Program (CNEP) of a public teaching hospital in southern Brazil. These instruments were provided by the Commission for Continuous Nursing Education (CCNE) of this hospital, due to its interest in evaluating the CNEP performed in 2016. Valid and recognized scientific methods were applied for the provision of information and the improvement of the program in the following year.

After a thorough reading of the evaluation instruments, between November and December 2016, the data were summarized in a table constructed for the study and printed for manual recording of the information. These documents had closed (CQs) and open questions (OQs) related to: the capacity - care unit in which the nursing professional works (CQ1); the reason(s) for him/her not participating in the educational actions provided by the CCNE (CQ2); the educational actions that he/she judged to be necessary for his/her work practice (OQ1); and personal expectations regarding the improvement of the continuous nursing education (OQ2).

The data concerning CQ1, CQ2 and OQ1 of the documents were transcribed into a Microsoft Excel® spreadsheet and subsequently subjected to absolute and relative frequency analysis using the Biostat 5.3® program.

The data related to OQ2 were entered in the OpenOffice Writer® program, with the purpose of preparing them for textual analysis, in which the transcribed material of the theme was treated in a descriptive, comparative or relational way. To accomplish this, it was necessary for the researcher to construct the corpus, which in this study consisted of the set of transcribed responses to OQ2 of the 150 documents⁽¹²⁾.

To support this textual analysis, the program IRAMUTEQ® (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) was used. This tool, which enables the processing of data, is of French origin, was developed in 2009 and its access is open and free. In Brazil, it was introduced in 2013 and has been used in diverse research areas⁽¹²⁻¹⁴⁾.

The IRAMUTEQ® program provides five types of processing. In this study, Descending Hierarchical Classification (DHC) was used, with the option of simple text segments or elementary context units (ECUs), recommended for short responses, which are classified according to their respective vocabularies of higher frequency and of higher chi-square values in a given class. The ECUs obtained present vocabulary similar to each other and different from the ECUs of the other classes⁽¹²⁻¹⁴⁾.

The chi-square test is used to verify the association of the ECUs with a certain class; so that higher values indicate greater associations. It is recommended that the value of the ECUs of the corpus be greater than 70%. In addition to the ECUs of each class, the program presents a figure called the dendrogram, in which it displays the relationship between the classes⁽¹²⁻¹⁴⁾.

It should be noted that this study was submitted and approved by the Research Ethics Committee (CEP) of the teaching hospital, on November 9, 2015, under authorization No. 1.314.240.

RESULTS

Among the 150 documents analyzed, 72 (48%) had been completed by nursing professionals of urgent/emergency care units and the intensive care unit (ICU); 33 (22%) of outpatient units; 27 (18%) of hospitalization units; and, 18 (12%) of surgical units.

Regarding the reasons for not participating in the educational actions provided by the CCNE, the nursing professionals could mark more than one alternative. The following results were obtained: the item 'not knowing about the continuous education actions'

was marked 140 times (54.93%); followed by the item 'work overload', marked 105 times (41.17%); the item 'inadequate methodology adopted for the educational actions', marked 9 times (3.5%); and the item 'I do not consider educational actions important', marked once (0.4%). Regarding the educational needs, the nursing professionals could propose more than one, with 284 suggestions, as presented in Table 1.

Table 1 – Investigation of the educational actions needed by the nursing professionals. Curitiba, PR, Brazil, 2016

No.	Needs	N*	(%)
1	Updating of basic techniques and nursing care with specific themes of the work sectors	108	(38.03)
2	Nursing care for critical patients (urgency, emergency and ICU)	47	(16.55)
3	Interpersonal Relationships and Teamwork	27	(9.51)
4	Ethics, legislation and professional practice	20	(7.04)
5	Pharmacology and administration of medications	17	(5.99)
6	Hospital infection control	16	(5.63)
7	Humanization	10	(3.52)
8	Dressings and wounds	9	(3.17)
9	Administration and planning, leadership and communication	8	(2.82)
10	Others	7	(2.47)
11	Pathophysiology	4	(1.41)
12	Systematization of nursing care	4	(1.41)
13	Transfusion of blood components	4	(1.41)
14	Computing	3	(1.06)

*(n=204)

The data related to 'expectations for the improvement of continuous nursing education' were processed in the IRAMUTEQ® program, with a duration of 31 seconds. All the words selected had $p < 0.001$, a result that indicates a significant association. Therefore, for the textual analysis, the class text segments were included, which allowed the context of the words with statistical significance to be obtained, providing a more qualitative evaluation of the data. A total of 149 ECUs were obtained from the corpus, with 79.2% utilization. After the dimensioning of the ECUs of the analyses, the program defined six classes, presented in the dendrogram format with the respective reports (Figure 1).

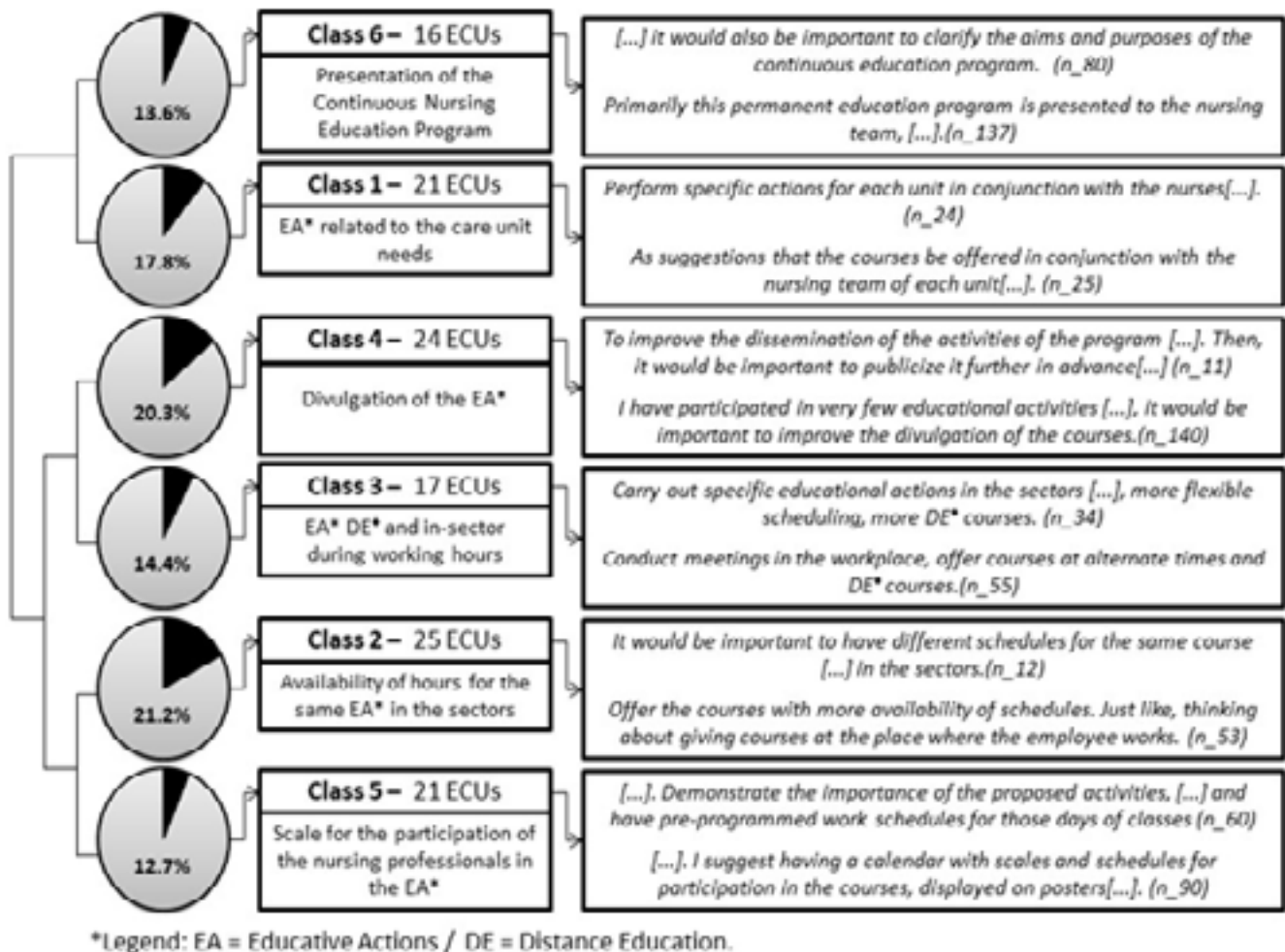


Figure 1 – Dendrogram of the DHC: Expectations for the improvement of continuous nursing education. Curitiba, PR, Brazil, 2016

DISCUSSION

Regarding the quantitative results related to not participating in the educational actions provided by the CCNE, 'the nursing professionals not knowing about these actions' was highlighted. Therefore, it is necessary to consider carrying out a participatory process with an integrated policy for professional training and development. When the scheduling of educational activities is defined by a work team it is better accepted and the professionals' adherence to the continuous education program is strengthened⁽⁵⁾.

Therefore, participatory construction is required, integrating the coordination of the continuous education sector, managers and nursing professionals, in order to provide interaction, participation and better results of the program⁽⁵⁻⁶⁾.

Another factor that hinders participation in the continuous education program is 'work overload', which is corroborated in the literature⁽¹⁵⁻¹⁶⁾ regarding the accumulation of work when the nursing professional returns to work activities. This overload is felt after participating in the training program, even with the collaboration of the nurses from neighboring posts, duty supervisors and supervisors of the sector who are responsible for possible interferences. Apparently, work overload is one of the factors that make it more difficult to participate in the continuous education activities. One study on the subject, carried out with 152 nurses of a public hospital, highlighted the exhaustive workload, high service demand and lack of personnel to cover the unit among the reasons reported⁽¹⁶⁾.

Regarding the quantitative investigation of the educational action needs, the data set can be related to other studies⁽¹⁷⁻¹⁹⁾, with predominance of actions taken from the problems identified in the units, especially in updating technical procedures and nursing care in critical patients. Therefore, it can be perceived that technical competence is considered a major concern by the nursing team, leading to the education service in the hospital institutions adhering to the technical dimension of the work, since the majority of the requests of the professionals involve this dimension⁽¹⁶⁻¹⁷⁾.

It can be inferred that this data set is related to the profile of the respondents who, in this study, worked in urgency/emergency units and ICUs, where technical knowledge-to do is considered a priority in the work process⁽²⁰⁾. It should be noted that the technical dimension of nursing is a complement to the work process of the nursing professionals, however, care goes beyond technical principles,⁽¹⁷⁾ involving knowledge-to be and knowledge-to live^(15,18). In part, this was raised by some nursing professionals, who highlighted needs related to ethics, legislation and professional practice, as well as interpersonal relationship and teamwork.

Regarding the qualitative results, these referred to the expectations of the professionals in relation to the improvement of the continuous nursing education, with some of them presenting a relationship between themselves and/or with the quantitative result regarding non-participation due to 'not knowing about the educational actions'.

The fact that some professionals had the presentation of the continuous education program (class 6) as an expectation for improvement converges with 'not knowing about the educational actions developed by the CCNE' described above. Both can occur due to the lack of knowledge of the nursing professionals regarding the aims of this committee, with this presentation appearing due to this. In this case, it is possible to infer a certain distance between the CCNE and the nursing professionals, a situation verified in another study from the nurses' report regarding the distance from the continuing education service, due to the lack of knowledge of their function in the hospital⁽¹⁶⁾.

The professionals mentioned that educational actions need to be related to the needs of the care units (class 1). On one hand, the themes of these actions need to be defined based on the reality experienced, with educational actions preferentially occurring in the context of the work. However, more than this, it is necessary that the nursing team and the managers of the institution also adopt continuous education as a systematic and overall strategy^(4,16-17). After all, the whole process of continuous education requires elaboration, design and execution based on a strategic analysis and the institutional culture of the health service in which it is included⁽³⁻⁴⁾.

The expectation of 'divulcation of the educational actions proposed by the CCNE' (class 4) corroborates the 'presentation of the continuous education program' (class 6) and also 'not knowing about the educational actions developed' already discussed. This expectation is intrinsically related to the communication process, a fundamental component for human beings and their relationships.

A study carried out with 18 nurses of a hospital organization highlighted the need to improve communication between the continuous education sector and the nurses of the units, adopting strategies such as meetings, intranets and information as murals⁽¹⁶⁾. These strategies, with a view to dissemination, seek to ensure that planned educational actions are known about, and thus encourage the adherence and participation of the nursing team.

The nursing professionals placed the development of educational actions with the use of distance education and in sectors during working hours (class 3) as a requirement. A study with 22 nursing professionals revealed that they use this educational modality due to the convenience/ease of access to the information at any time and the difficulty in attending classroom courses⁽²⁰⁾.

Distance education is considered a continuous education strategy that, when implemented in the work environment, can make the educational process viable, since it

allows the exchange of knowledge, even though the professionals do not share spaces and times. Thus, the profile of the nursing professional, who has more than one job and difficulty in participating in educational activities during working hours can be considered^(5,21).

Regarding the educational actions being developed in the sectors during the working hours, the results are corroborated by the National Policy of Continuous Health Education⁽⁶⁾. They are also corroborated by the perspectives of 25 studies analyzed in a meta-synthesis of the literature on the subject, in which CHE was based on learning that takes place in the work environment^(8,22). When the educational practice occurs in the work place and during working hours, it facilitates the participation of all the professionals of the institution and provides action-reflection-action as a guiding approach of the educational process^(17,22-23).

The expectations regarding the availability of schedules for the educational action in the sectors (class 2) and the scale for participation of the nursing professionals in the educational actions (class 5) are related to institutional support, the physical environment, human resources, planning, commitment and to the availability of the work team of the CCNE, of the managers and of the nursing team of the units. Accordingly, as in another study, some adjustments need to be adopted in order to guarantee greater possibility for nursing professionals to take part in the educational actions that comprise the continuous education program⁽¹⁶⁾.

As a limitation, it should be pointed out that the CNEP evaluation instrument completed by the nursing professionals did not allow the characterization of the demographic profile of the responding professionals, the differentiation in categories (nurse, nursing technician and nursing auxiliaries) or the verification of the levels of hierarchy of the nurses (whether they were care providers, supervisors or coordinators), information that would increase the documentary analysis. However, considering the authenticity and reliability of the documents and the innovative use of the IRAMUTEQ® software for processing the textual content, this analysis is highlighted as a consistent method for apprehending the object of this study.

CONCLUSION

The results show that the aim of this study was fulfilled and indicate the complexity of continuous nursing education, as well as the importance of considering the professionals' requirements when planning educational actions. The evaluation of the reasons for not participating, the need for educational actions and the personal expectations regarding the improvement of continuous education, according to the perspective of the nursing professionals, is the first and most important information to be considered in CNEP's feedback and planning.

It was concluded that the analysis of the continuous education requirements of the nursing team subsidizes and supports, together with the institutional needs, the improvement of the program. It is, however, indispensable to understand them not only as an individual attribute for the acquisition and construction of knowledge of the nursing professionals, but based on the contextualization of the requirements of the real situations of the work practice and of the organization.

REFERENCES

1. Mello AL, Backes DS, Terra MG, Rangel RF, Nietzsche EA, Salbego C. (Re) pensando a educação permanente com base em novas metodologias de intervenção em saúde. Rev. cuba. enferm. [Internet]. 2017 [acesso em 2017 dez 17]; 33(3). Disponível em: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/1104>.
2. Christ-Libertin C. Leveraging Technology: The Macy Report's Recommendation #4. J Contin Educ

- Nurs [Internet]. 2016 [acesso em 2017 dez 02]; 47(4). Disponível em: <https://doi.org/10.3928/00220124-20160322-01>.
3. Lubjko BG. Education the cure? J Contin Educ Nurs. [Internet]. 2016 [acesso em 2017 dez 02]; 47(4). Disponível em: <https://doi.org/10.3928/00220124-20160322-02>.
4. Jesus MCP, Figueiredo MAG, Santos SMR, Amaral AMM, Rocha LO, Thiollent MJM. Educação permanente em enfermagem em um hospital universitário. Rev esc enferm USP [Internet]. 2011 [acesso em 2017 dez 02]; 45(5). Disponível em: <http://dx.doi.org/10.1590/S0080-62342011000500028>.
5. Sade PMC, Peres AM. Development of nursing management competencies: guidelines for continuous education services. Rev. esc. enferm. USP [Internet]. 2015 [acesso em 2017 dez 02]; 49(6). Disponível em: <http://dx.doi.org/10.1590/S0080-62342015000600016>.
6. Peres HHC, Leite MMJ, Gonçalves VLM. Educação continuada: recrutamento e seleção, treinamento e desenvolvimento e avaliação de desempenho profissional. In: Kurcgant P, coordenadora. Gerenciamento em enfermagem. 2. ed. Rio de Janeiro: Guanabara Koogan; 2016. p. 128-144.
7. Ministério da Saúde (BR). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília: Ministério da Saúde; 2009.
8. Merhy EE. Educação Permanente em Movimento. Saúde em Redes. [Internet]. 2015 [acesso em 2017 dez 02]; 1(1). Disponível em: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/309/15>.
9. Milioni BA. Integrando o levantamento de necessidades com a avaliação e validação do treinamento. In: Boog GG, coordenador. Manual de treinamento e desenvolvimento: um guia de operações. São Paulo: Makron Books; 2001. p.9-27.
10. Sá-Silva JR, Almeida CD, Guindani JF. Pesquisa documental: pistas teóricas e metodológicas. Rev. bras. Ci. Soc. [Internet]. 2009 [acesso em 2017 dez 02]; 1(1). Disponível em: <https://www.rbhcs.com/rbhcs/article/view/6>.
11. Cellard A. A análise documental. In: Poupart J, Deslauriers JP, Groulx LH, Laperrière A, Mayer R, Pires AP, organizadores. A pesquisa qualitativa: enfoques epistemológicos e metodológicos. Petrópolis: Vozes; 2008, p. 295-316.
12. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. Temas Psicol. [Internet]. 2013 [acesso em 2017 dez 02]; 21(2). Disponível em: <http://dx.doi.org/10.9788/TP2013.2-16>.
13. Lowen IMV, Peres AM, da Ros C, Poli Neto P, Faoro NT. Innovation in nursing health care practice: expansion of access in primary health care. Rev. Bras. Enferm. [Internet]. 2017 [acesso em 2017 dez 02]; 70(5). Disponível em: <http://dx.doi.org/10.1590/0034-7167-2016-0131>.
14. Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ. Universidade Federal de Santa Catarina. [Internet]. 2016 [acesso em 2017 dez 09]. Disponível em: <http://www.iramuteq.org/documentation/fichiers/tutoriel-en-portugais>.
15. Simões TR, Vannuchi MTO, Rossaneis MA, da Silva LG, Haddad MCL, Jenal S. Educação continuada: concepção de enfermeiros em hospital filantrópico de alta complexidade. Rev Enferm UERJ [Internet]. 2013 [acesso em 2017 dez 02]; 21(5). Disponível em: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10042>.
16. Neves GBC, Andreto LM, Oliveira CR, Figueira MCS. Opinião dos enfermeiros sobre educação permanente em um hospital público. Rev. enferm. UFPE [Internet]. 2016 [acesso em 2017 dez 09]; 10(5). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11158/12677>.
17. Koerich C, Erdmann AL. Significados atribuídos pela equipe de enfermagem sobre educação permanente em uma instituição cardiovascular. Rev Rene [Internet]. 2016 [acesso em 2017 dez 09]; 17(1).

Disponível em: <http://periodicos.ufc.br/rene/article/view/2620>.

18. Salum NC, Prado ML. Continuing education in the development of competences in nurses. Texto Contexto Enferm [Internet]. 2014 [acesso em 2017 dez 09]; 23(2). Disponível em: <http://dx.doi.org/10.1590/0104-070720140021600011>.
19. Montezelli JH, Peres AM, Bernardino E. Demandas institucionais e demandas do cuidado no gerenciamento de enfermeiros em um pronto socorro. Rev Bras Enferm [Internet]. 2011 [acesso em 2017 dez 09]; 64(2). Disponível em: <http://dx.doi.org/10.1590/S0034-71672011000200020>.
20. Nunes SFL. A educação permanente no serviço de enfermagem em emergência. J Manag Prim Health Care [Internet]. 2014 [acesso em 2017 dez 09]; 5(1). Disponível em: <http://www.jmphc.com.br/jmphc/article/download/201/204/>.
21. Silva AN, Santos AMG, Cortez EA, Cordeiro BC. Limites e possibilidades do ensino à distância (EaD) na educação permanente em saúde: revisão integrativa. Cienc saude colet. [Internet]. 2015 [acesso em 2017 dez 06]; 20(4). Disponível em: <http://dx.doi.org/10.1590/1413-81232015204.17832013>.
22. Miccas FL, Batista SHSS. Educação permanente em saúde: metassíntese. Rev Saúde Pública [Internet]. 2014 [acesso em 2017 dez 05]; 48(1). Disponível em: <http://dx.doi.org/10.1590/S0034-8910.2014048004498>.
23. Silva LAA, Bonacina DM, Andrade A, Oliveira TC. Desafios na construção de um projeto de educação permanente em saúde. Rev Enferm UFSM [Internet]. 2012 [acesso em 2017 dez 05]; 2(3). Disponível em: <http://dx.doi.org/10.5902/217976925364>.

Received: 21/12/2017

Finalized: 17/12/2018

Corresponding author:

Priscila Meyenberg Cunha Sade

Secretaria Estadual de Saúde do Estado do Paraná

R. Ângelo Cunico, 600 – 82220-350 – Curitiba, PR, Brasil

E-mail: priscila.sade@gmail.com

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - TB, NNAM

Drafting the work or revising it critically for important intellectual content - LDGW

Final approval of the version to be published - IMVL

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - PMCS, AMP