

## **PlanificaSUS Workshops/Workshops: The Perception of Workers in Primary Health Care Units**

**Francisco José Mendes dos Reis<sup>1,2\*</sup>, Danieli Souza Bezerra<sup>2</sup>, Antonio Marcos Jacques Barbosa<sup>3</sup>, Eliza Miranda Ramos<sup>1</sup>, Karine Cavalcante da Costa<sup>2</sup>, Hugo Vieira Ramos<sup>1</sup> and Felipe Zampieri Vieira Batista<sup>1</sup>**

<sup>1</sup>Universidade Federal de Mato Grosso do Sul, Campo Grande, Mato Grosso do Sul, Brazil

<sup>2</sup>Secretary of State of Health of Mato Grosso do Sul, Campo Grande (MS), Brazil

<sup>3</sup>Central Public Health Laboratory, Secretary of State of Health of Mato Grosso do Sul, Campo Grande (MS), Brazil

**\*Corresponding Author:** Francisco José Mendes dos Reis, Universidade Federal de Mato Grosso do Sul, Campo Grande, Mato Grosso do Sul, Brazil.

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### **Abstract**

This study aims to investigate the perception of workers in health units in the city of Miranda about the workshops of the project of the Organization of Outpatient Care Specialized in Network with Primary Health Care (Planifica SUS). It is a qualitative research, in which semi-structured interviews with thirty professionals participating in the workshops were used. Thematic content analysis showed as positive points the knowledge about new work methods and multiprofessional participation. As weaknesses were pointed out the methodology, the interval between the workshops and the duration of the workshops. As suggestions for improving the workshops, we suggest the applied methodology and group work. The results enabled reflections on the complex experience of group work in the multidisciplinary team and the need for training for a new model of organization in the health care of the population in primary care.

**Keywords:** Primary Health Care; PlanificaSUS; Work Process; Permanent Education

### **Introduction**

For years, the process of training health professionals working in primary health care used the biomedical, fragmented and specialized model as a model, making it difficult to implement the principles and rights in the SUS, whose emphasis is on comprehensive care and the organization of systems as a network articulated and hierarchical for health professionals [1]. Thus, Primary Health Care (PHC) is the first contact of continuous assistance centered on the person in order to satisfy their health needs, which only refers to very unusual cases that require more specialized action, that is, at the entrance of the system for demands over time, except for unusual and rare conditions [2]. Its purpose is to provide improvements in Brazilian health conditions through articulated and hierarchical methods for health professionals, bringing improvements in Brazilian health conditions [3].

Thus, health care systems that comprise actions to appropriate recombine and rearrange all the system's resources to satisfy the needs, demands and representation actions with the health care organization were organized by the health management professionals in Primary Health Care (PHC). Population and, thus, articulate a safe health care network (RAS) [4,5]. Thus, Primary Health Care (PHC) occupies the "driver's seat" for directing the health care system in Brazil [4].

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In order to achieve this health care system network, the project for the Organization of Outpatient Care Specialized in a Network with Primary Health Care (Planifica SUS) was elaborated in the Brazilian territory through the Institutional Development Support Program of the Unified Health System, (PROADI-SUS), carried out by the Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE) [7], which aimed to implement the Health Care Planning methodology (PAS), proposed by the National Council of Health Secretaries (CONASS), in Health Regions of the 27 Federative Units (UF), in order to strengthen the role of Primary Health Care (PHC) and the organization of the Health Care Network (RAS) in SUS [7]. For this reason, the National Council of Health Secretaries (CONASS) requested the elaboration of project actions for follow-up and monitoring through the Department of Family Health of the Secretariat of Primary Health Care of the Ministry of Health [7]. The national elaboration of this project by the Health Care Planning aimed to support the technical-managerial staff of the State and Municipal Health Secretariats, in the organization of the primary health care (PHC) and Specialized Outpatient Care (AAE) macro processes [4,6]. Only with the elaboration and practice of this project was it possible to develop the competence of the teams for the planning and organization of health care, focusing on the needs of the users under their responsibility, based on clinical guidelines, according to the Care Model to Chronic Conditions (MACC) (Opening Workshop - Health Care Planning, Ministry of Health, 2019) [7].

However, these actions were understood as a health care planning process of collective construction of knowledge, since planning in the Unified Health System (SUS) network is an important strategy for reorienting Primary Health Care (PAS) and the consolidation of SUS in the face of a scenario threatened by political instability and fiscal austerity [8,9]. To carry out this planning in the SUS network in this case, in health care, workshops were held, tutorials and short-term training for health and technical-managerial staff, for example, in the State of Mato Grosso do Sul and municipalities, totaling at least six workshops [8]. However, to date, only four of the six-Planifica SUS - SUS workshops have been held [8].

Due to the pandemic, there will be only four workshops. The schedule had to be reorganized, and for 2020, remote workshops were held and the tutoring process of the Basic Laboratory Health Units continued.

### Aim of the Study

The present work aims to investigate the perception of workers in health units in the city of Miranda, a component of the micro-region of Aquidauana in the state of Mato Grosso do Sul, about the workshops of the Specialized Outpatient Care Organization project Networked with Primary Health Care (Planifica SUS).

### Methods

This is a qualitative study, carried out in the municipality of Miranda, in the interior of the state of Mato Grosso do Sul, "Central West Region of Brazil, with the population of the workers of the Municipal Laboratory, Sanitary Surveillance, Zoonosis Control Center, Surveillance Epidemiological, Aldo Bongiovani Basic Health Unit, Arildo Bossay Family Health Team, Endemic and Vector Control and Municipal Inspection System Basic Health Unit, Nossa Senhora Aparecida Family Health Team, Health Secretariat, Health Academy, Health Team Family Deidamia Barbato Albuquerque, Family Health Team Vitorio Vedovato and Family Health Team Jerson Gonçalves de Matos", members of classes 23, 24, 25, 26, 27 and 28, in the morning and afternoon shifts, with female and male workers as population, male, aged 18 years or over.

We opted for the application of the semi-structured questionnaire by electronic means (email), which sought to perceive the positive points, weaknesses and suggestions for improvement of the workshops of the Organization of Outpatient Care Specialized Network project with Primary Health Care (Planifica SUS) [10]. The inclusion criteria were: to be participants in the workshops, aged 18 or over, to be included in classes 23, 24, 25, 26, 27 and 28 attending the workshops and to have responded to electronic emails.

Exclusion criteria were adopted: being participants in workshops, included in classes 23, 24, 25, 26, 27 and 28, who did not respond to electronic emails. Data collection was carried out between March 9 and 13, 2020; the participants who answered the electronic e-mails were chosen for sampling at random, of which the population was 30 servers (21.74%), with a total of 138 enrolled in the classes.

Content analysis is a technique for reading and interpreting the content of the entire class of documents, which, when properly analyzed, opens the door to knowledge of aspects and phenomena of social life that are otherwise inaccessible [10].

For the analysis of the data, the Thematic Content Analysis technique was used, which consists of three distinct phases: the pre-analysis, the exploration of the material and the treatment of the results. These phases are not presented in a watertight, linear way, but as a didactic guide for the treatment of the data, being important that the researcher is aware that this can go through interlacing, sometimes, coming, and going [11,12].

In the pre-analysis phase, the organization and the complete reading of the typed material occurred. Then, the responses of each questionnaire were re-read, recording the frequency of appearance of the registration units, so that it was possible to raise impressions and guidance in a systematic way.

Then, in the exploration of the material, a more detailed and exhaustive reading of each answer was carried out, thus observing what was most significant.

Finally, the results were treated, inferred and interpreted, with the organization and codification of the material, in order to be meaningful. In this context, a thematic class, three categories and nine subcategories were produced, which will be presented in the form of topics.

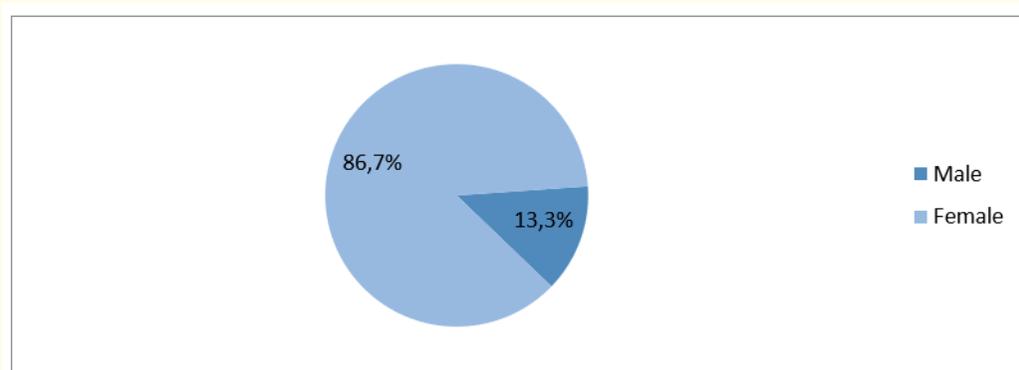
Study participants will be identified by pseudonyms, in order to preserve their anonymity, being identified by the vowel S followed by Arabic numerals. The participants expressed their prior acceptance, by returning the emails answered.

### Results and Discussion

The research instrument was the semi-structured questionnaire, applied in the period from 09 to 13 of March 2020, in the 138 participants of the workshops in Planifica SUS. All questionnaire actions were sent and answered via e-mail.

A response rate of 30 answered questionnaires was obtained, constituting a valid sample for the purpose of the present study.

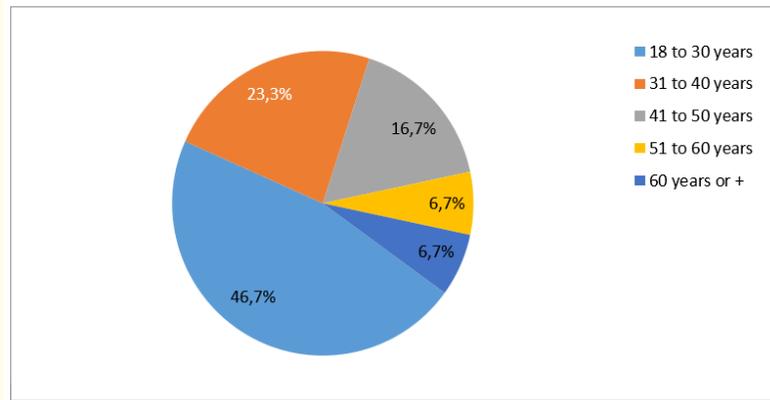
Regarding the gender of the participants, 26 are female and 04 male (Graph 1).



**Graph 1:** Representation of the sex percentage of participants in Planifica SUS workshops/workshops.

Source: Prepared by the authors (2020).

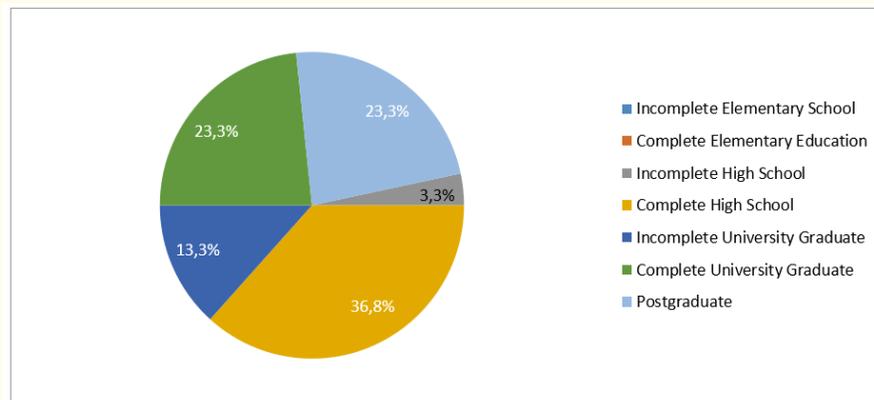
Regarding the age of the participants, 14 are between 31 and 40 years old, 07 are between 41 and 50 years old, 05 are between 18 and 30 years old, 02 are between 51 and 60 years old and 02 are between 60 and over (Graph 2).



**Graph 2:** Representation of the percentage of the age of participants of Planifica SUS workshops/workshops.

Source: Prepared by the authors (2020).

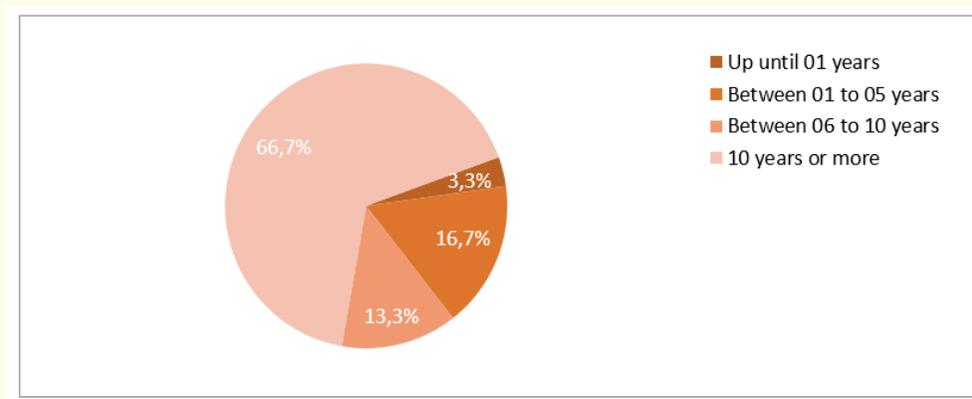
Regarding the education of the participants, 11 have completed high school, 07 have graduated and graduated, 04 have incomplete higher education and 01 has incomplete high school (Graph 3).



**Graph 3:** Representation of the percentage of the educational level of the participants of Planifica SUS workshops/workshops.

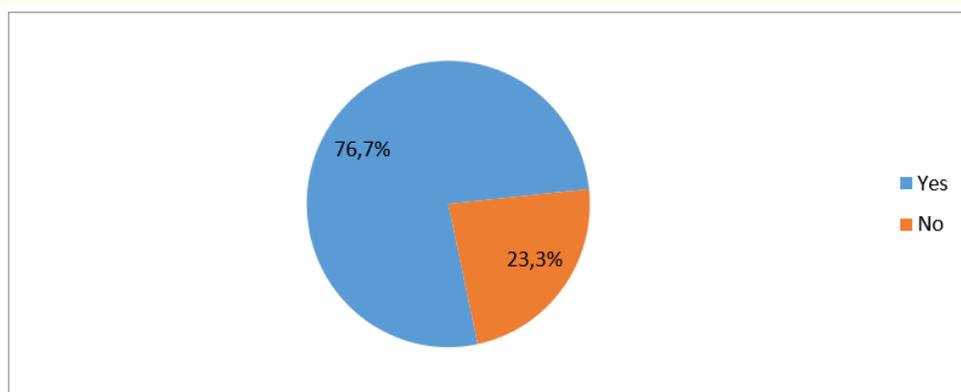
Source: Prepared by the authors (2020).

Regarding the length of service in the Unified Health System (SUS), 20 of the participants have 10 years or more of work in the SUS, five are between 1 and 5 years old, 04 are between 6 and 10 years old and 01 has up to 1 year of work Jobs (Graph 4).



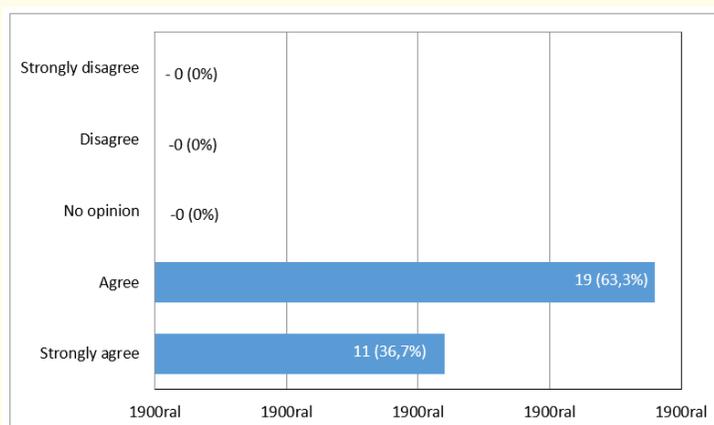
**Graph 4:** Representation of the percentage of working time in the Unified Health System (SUS) of Planifica SUS workers/workshops. Source: Prepared by the authors (2020).

Regarding the participants' knowledge about Planifica SUS, 23 of the participants reported that they had no knowledge and 07 said that they already had knowledge about Planifica SUS (Graph 5).



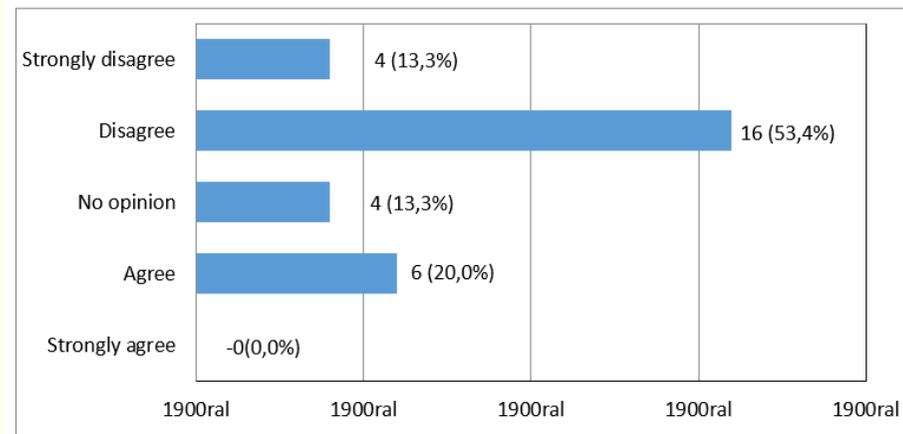
**Graph 5:** Representation of the percentage of knowledge about Planifica SUS from participants in Planifica SUS workshops/workshops. Source: Prepared by the authors (2020).

As for participation in the workshops/workshops, among the 30 who responded, 19 agreed that there was a contribution to their learning and 11 strongly agreed (Graph 6).



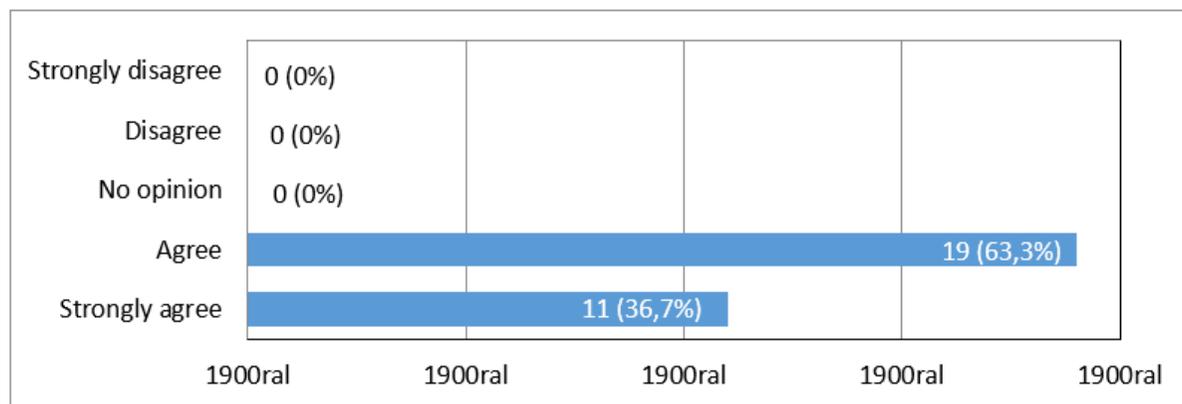
**Graph 6:** Representation of the percentage of participants in Planifica SUS Workshops/Workshops who think they contributed to their learning. Source: Prepared by the authors (2020).

Regarding the preference of the participants in relation to the traditional way of working and the method of Planifica SUS, among the 30, 20 participants disagree that they prefer the traditional method of work, with 16 disagree and 4 strongly disagree, 06 agree that they prefer the traditional work and 04 did not issue an opinion (Graph 7).



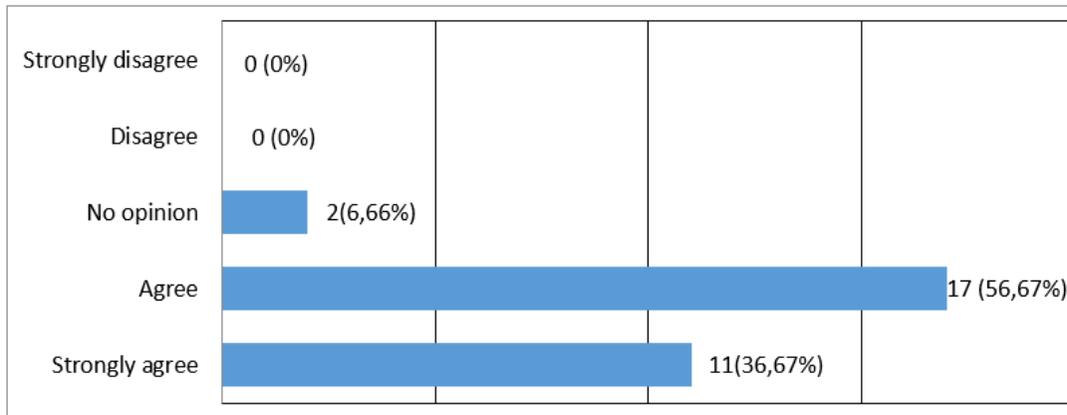
**Graph 7:** Representation of the percentage of participants in Planifica SUS workshops/workshops in relation to the traditional way of working and the Planifica SUS method. Source: Prepared by the authors (2020).

Regarding the perception of the usefulness of Planifica SUS in the work process, among the 30, 19 participants agree and 11 strongly agree that it will be useful in the work process (Graph 8).



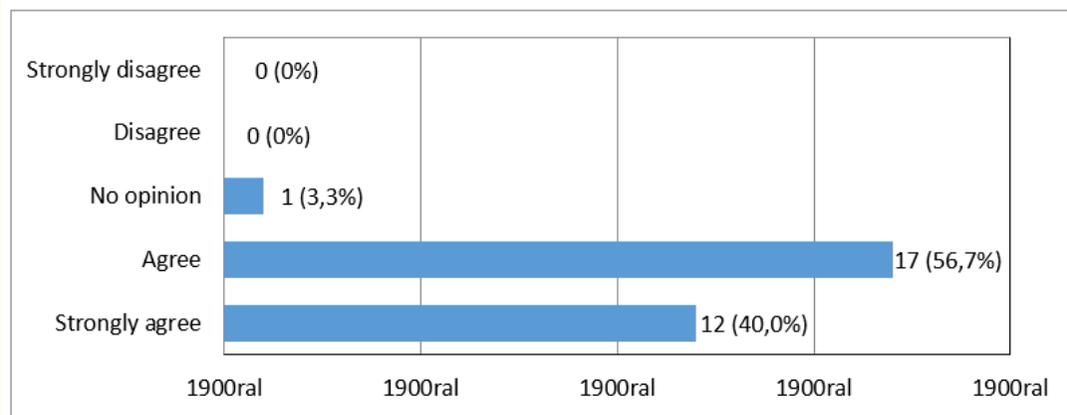
**Graph 8:** Representation of the percentage of perception of participants of Planifica SUS workshops/workshops of the usefulness of this project in their work process. Source: Prepared by the authors (2020).

Regarding the percentage of the level of knowledge about Planifica SUS after the workshops, 28 participants agree that they learned about Planifica SUS, with 17 agreeing, 11 strongly agreeing and 2 did not express an opinion (Graph 9).



**Graph 9:** Representation of the percentage of the level of knowledge about Planifica SUS after the Planifica SUS workshops/workshops. Source: Prepared by the authors (2020).

Regarding the perception of the participants that Planifica SUS improves the work process, among the 30, 29 participants agree that there was an improvement in the work process, with 17 agreeing and 12 strongly agreeing and 01 did not issue an opinion (Graph 10).



**Graph 10:** Percentage representation that Planifica SUS improved the work process after participating in Planifica SUS Workshops. Source: Prepared by the authors (2020).

From the results found according to Bardin (2011) it was possible to dimension a thematic class in the case, the first thematic class can be considered “The Organization of Outpatient Care Specialized in Network with Primary Health Care (Planifica SUS) planning in my work process - aggregated into categories and subcategories” [11].

**Thematic class: The organization of outpatient care specialized in network with primary health care (Planifica SUS)**

Through the analysis of the collected material, responses were collected from Miranda's primary health care workers regarding the perception of Planifica SUS workshops in their work process. From this thematic class, three categories emerged with seven subcategories, totaling 10 thematic units.

**Category 01: Strengths of Planifica SUS workshops. How nice!**

The analysis of this category brings the work in multiprofessional teams and knowledge as central points in the process of building Planifica SUS. Thus, the subcategories that emerged were multiprofessional participation and knowledge about new working methods.

**Multiprofessional participation**

The analysis of this subcategory reveals that multiprofessional participation in teamwork as a central point in the process of building Planifica SUS. Since working in a health team means having a common goal: to serve the patient as a whole, in a humanized attitude and with a broader and more resolute approach to care. It is necessary to add knowledge to give effective and efficient answers to complex problems that involve the perspective of quality, including the work environment. Thus, it is necessary to combine technical and scientific knowledge with a practice that considers and respects the uniqueness of the patient and professional needs.

"Multiprofessional participation/Guidance in health actions/Systematic review of SUS policies/important guidelines for carrying out the activities of the FHS and the team/etc." (S2).

According to the principles of Canoletti (2008), the organization of teamwork is used as an alternative to the need to rationalize medical assistance and expand the population's access to health services [13]. However, Peduzzi (2009) strengthens this organization of teamwork by simultaneously understanding the need for "integration of disciplines and professions, understood as essential for the development of health practices based on the new biopsychosocial conception of the health-disease process" [14].

According to S2's speech, it was possible to reveal that the views of the different workers of the family health team (FHS) need to be discussed, considered and agreed to define the determinations of the health team's actions, since the specific knowledge of each professional about the peculiarities of users, they can guide actions towards the real health needs of their assigned population.

Such thinking corroborates with a study by Silva and Trad (2005) which reports that the work in multiprofessional teams in the family health team (ESF) has become one of the main intervention instruments, as the actions and practices are structured based on team, at the same time that, in this type of health work, there is an expansion of the intervention object beyond the individual and clinical scope [15].

According to the unveiling of the need for multiprofessional teamwork by S2, we call attention to the study by Peduzzi (2001), on health work and Habermas's Theory of Communicative Acting, the models for configuring health teams, the classification of team's multiprofessionals are grouping and interaction [16]. The first being characterized by the tendency to maintain the fragmentation of actions and distancing relations between workers and each other and with the work they perform, and the second has propensities and is directed towards the integration of specialized works and, also, of the professionals who perform them [16].

Here in this analysis, we realize that in the experience of this team there is a predominance of the multiprofessional teamwork model, however, the discourse of the need for a new rearrangement emerged where there is the participation of team actors with the right to spaces of exchange between themselves.

### Knowledge of new working methods

From this subcategory, participation in planifica SUS workshops emerged, which brought a gain of knowledge about Planifica SUS.

Participants realized the importance of participating in Planifica SUS workshops, as this experience provided new knowledge to improve the way of understanding and re-elaborating their activities in the work process and, consequently, providing differentiated health care to users in their assigned area.

“Knowledge about new work methods” (S9).

“The workshops brought us a lot of knowledge to work with more enthusiasm” (S18).

“That there are courses with the purpose of improving the system and strengthening since I consider public health to be the heart of health and a job well done in primary care minimizes serious problems” (S21).

Taking the testimonies of the participants as a reference, it is observed that several workers who participated in the workshops believe that, through courses held in service, it is possible to reflect on the work process and, therefore, improve what results in quality service. Primary health care for the population.

Education is a permanent process that seeks alternatives and solutions to the real health problems experienced by people and groups in their realities” [17].

Permanent health education is one of the viable alternatives for changes in the workplace, due to considering different ways of educating and learning, through which it proposes to transcend technicality and specific training, instigating the active participation of students in the process, as well as the development of the critical and creative capacity of the subjects [18]. Therefore, permanent education seeks to enable, at the same time, personal and institutional development, as well as seeks to strengthen training actions with service management and social control [18].

The service itself can become a privileged space for the training of professionals, since the development of teamwork is collective and allows the construction of new knowledge, through subjectivities that take place in the course of the work process mediated by language, expanding the listening capacity and the recognition of the other as possessor and producer of knowledge [19].

This perception is corroborated in the speeches of professionals who believe that courses and/or workshops bring new knowledge.

### Category 2: Weaknesses of Planifica SUS workshops. What a pity!\*

The analysis of this category highlights the methodology and the duration of the workshop, as well as the interval between the Planifica SUS workshops. Therefore, the subcategories that emerged as weaknesses of the Planifica SUS workshops were the interval between the workshops, the methodology and the duration of the workshop.

#### The interval between workshops

From this subcategory, it emerges that the subjects reveal the difficulty of understanding the themes covered in the Planifica SUS workshops.

“Very long interval between meetings, which are already few... With sparse concepts, making understanding difficult” (S2).

The long interval between the workshops was a major difficulty for workers as a weakness for understanding Planifica SUS. Although they knew that the workshop was a plan of the Municipal Health Secretariat, they emerge in the discourse of the subject unaware of the EPS planning of SES.

One of the challenges for managers and health work teams to carry out permanent education in service has as limiting factor the duration of training courses and/or technical training, since participation in courses leads to the absence of professional in carrying out care activities generating an accumulation of demand for their daily activities. The perception can be of loss and not of a space for exchanging intersubjectivities, exchanging knowledge and gaining knowledge. Some professionals use this justification in a common way to not participate in the training courses offered [20]. However, the National Policy for Permanent Education (PNEPS) has the flexibility to be adapted in each municipality or state with regard to its particularities, as each federative entity must meet the needs of its a social reality [20].

### The methodology

Analyzing this subcategory, it was noted that the subjects mention the active methodology used in the workshops as a collective activity that made it difficult to achieve the proposed objectives and goals of the activities.

“The methodology of collective reading of the material, each person reading a part of the text! There are people who have bad reading and end up disturbing the line of reasoning in the text” (S4).

Four workshops were held. In workshop 1, the activities were divided into three activities. The first included welcoming the participants and opening the workshop. In the second, a video was presented: “Why work in networks?” and the third with the discussion of the video presented. The readings of the texts were worked on in Interactive Groups (IG), being chosen for each activity a facilitator, who observes and encourages the participation of everyone in the group, a rapporteur responsible for the presentation and synthesis of the triggering questions of each text and a guardian of time, who controlled the time of the activities [3,4]. Each reading activity had a reading, discussion and presentation time. In the last three workshops, there was a presentation of the tutorial workshop experience of a representative of Primary Health Care who shared the activities carried out in the units, through the tutorial workshop, pointing out the first impressions of Planifica SUS [3,7]. Everyone in the group participated by reading the excerpts of the texts, the reading went clockwise. The groups were composed and broken up at each activity, which allowed interaction between everyone in the room [4,28]. Triggering cases of patients, articles, magazines and collages were used [7]. A dramatization was performed to represent everyday work situations with common profiles of Primary Health Care and Specialized Outpatient Care. The idea was to show the problems without pretending to solve the cases presented [3,7]. In the intervals and at the beginning of activities in the second moment, some dynamics were performed to relax and prepare interactive groups (IG) for discussions [7].

The results of this study point to a divergence in this position, since other study subjects revealed the methodology that facilitates interaction with colleagues, with clear, objective and efficient dynamics, according to the statements:

“Dynamic, clear and objective” (S22)

“[...] Practical and efficient method” (S27)

“Interactivity” (S28).

### Duration of the course

Analyzing this subcategory, it was noted that the perception of professionals is that the duration of the workshops is relatively short.

“What a pity that the course is for a short time” (S18).

Planifica SUS workshops are a form of non-formal education. A planning considered the specific public, the methodology, the objectives and goals to be achieved within a certain time in a space outside the school scope.

Non-formal education is more diffuse, less hierarchical and less bureaucratic. They do not necessarily have to follow a sequential and hierarchical “progression” system [21,22]. They can be of variable duration, and they may or may not grant apprenticeship certificates. The categories space and time are equally important. The learning time in non-formal education is flexible, respecting the differences and the abilities of each one, of each one [22].

The perception of considering this subcategory as a negative factor is because the presentation and discussion of complex contents that would require a longer time for the assimilation of these contents by the participants, according to the statements below:

- “Very long interval between meetings, which are already few/material with reading, sometimes very objective, but sometimes very rhetorical, with sparse concepts, making understanding difficult” (S2).
- “Time is short” (S30).

### Category 3: Suggestions for improving Planifica SUS workshops. What about?\*

The analysis of this category reveals a discomfort with the methodology applied in the workshops and the execution of group work. Thus, the subcategories that emerged were methodology and group work.

#### The methodology

Analyzing this subcategory, it was noted that even though it is relevant for the realization of the workshops/Workshops, both for the understanding of the professionals individually and for the team, some subjects disagree that this methodology was a facilitator for the understanding of the contents discussed.

“A little more visual material perhaps slides and explanatory videos, more association of themes with practice, with examples. Only suggestion, because in general it has been good” (S2).

“More dynamics I found certain difficulties due to the form of didactics proposed with very complex terms” (S21).

Health Care Planning brings together a set of educational actions, based on active methodologies and andragogy. Andragogy - “the art and science of helping adults to learn” [23,24]. Adult education was used in the workshops, giving participants the opportunity to reflect and discuss their daily practices in their workspaces. However, it was revealed in the speeches of the subjects that it was difficult to apprehend the proposed content and needs an evaluation on the dynamics, text and duration of activities [3,7].

#### Group work

The subjects identified the group work in the Planifica SUS workshops as being activities that led them to learn to live with the weaknesses and potential of their colleagues. Challenge to respect each other’s time and pace, as well as an exercise to listen to the other, discuss collaboratively with each other and with the facilitator [25].

In the workshops, the work methodology required group formation, and the groups were composed and composed throughout the day, promoting the interaction of all participants.

For the participants, working in a group revealed difficulties in interaction and communication, but on the other hand it gained a new meaning and understanding evidenced in the speeches that imply the participation of all in a common objective can bring individual and collective gains, improving the results in the process of job.

“Divide the class into groups and determine which part will be studied by each group and then explain what was understood! Anyway, I do not agree with the collective reading because of the difficulty of reading certain people!” (S4).

“Show colleagues that we will only improve if everyone participates, everyone has to want the same goal, better service. Best result” (S26).

Working as a team means connecting different work processes involved, based on knowledge about the other’s work, valuing their participation in the production of care, building consensus on the objectives and results to be achieved collectively [26].

It is known that a team is made up of people who bring their own specificities, such as gender, social insertion, time and work relationship, professional and life experiences, education and training, worldview, salary differences and, finally, interests own [25,27]. These differences have an influence on this work process, since they are present in the actions of each professional, but they do not prevent the exercise of teamwork [25].

Interpersonal problems are identified as a factor that hinders communication between agents. Although divergences are inseparable from collective action, they often become a demotivating factor at work, especially when there is no space for dialogue and little listening, such as the ability to open up to the other, respecting differences in conceptions, personalities and postures [28].

“Better to understand in different ways that we can help others and ourselves” (S7).

In this sense, it was observed in the aforementioned speech the importance that the training for the teams of the Family Health Team be carried out as spaces for the exchange of subjectivities and not only focused on the technical issues of work.

## Conclusion

It is concluded in this study that the perception of the participants in the “Health Care Planning Workshops/Workshops” had a gain in knowledge, skills, abilities and attitudes, since the professionals proved in their speeches that there is a differentiation in the process of current work in relation to that proposed by Planifica SUS.

As a strong point assessed in the study, it was possible to verify that some participants achieved significant interactions at the meetings, as they presented in the dialogues of groups regarding the division of activities and socialization of information some different positions in the role of reader, qualified listening, guardian of time and reporter.

The weak point revealed in this study is that for professionals in interactive groups, the dialogue about interpersonal relationships was a challenge, since living together provides contact with personality differences, conflicting interests and, even, different ways of working of each team.

In this study, it is observed that the workshops “Workshops on Health Care Planning” corroborate and prepare professionals for the challenge of organizing macroprocesses in an integrated manner in Primary Health Care units and in the Outpatient Clinic of Specialized Care in the Brazilian territory in state of Mato Grosso do Sul.

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