


RESEARCH ARTICLE (ORIGINAL) 8

Permanent education in the health care network for women in situations of violence

Educação permanente na rede de atenção às mulheres em situação de violência
Educación continua en la red de atención a mujeres en situación de violencia

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Abstract

Background: Permanent health education is a strategy to transform the daily reality of professionals through educational actions. This strategy was applied in the daily practice of the professionals who provide care to women in situations of violence.

Objective: To identify challenges in the training and development of the professionals who work in an intersectoral health care network for women in situations of violence.

Methodology: A qualitative study was conducted using semi-structured interviews to 49 professionals who work in an intersectoral health care network for women in situations of violence, between October 2016 and April 2017, in the southern region of Brazil. The interviews were transcribed and processed using IRAMUTEQ[®] software for data analysis. Descending hierarchical classification, similarity analysis, and word clouds were used.

Results: The following challenges were identified: networking, vocational training, intersectoral communication, and interface between health, social, and education services.

Conclusion: Permanent health education proved to be an effective strategy for consolidating advances in the intersectoral network.

Keywords: violence against women; intersectoral collaboration; permanent education; inservice training

Resumo

Enquadramento: A educação permanente em saúde é uma estratégia para transformar a realidade quotidiana dos profissionais por ações educativas. Procurou-se a sua aplicação na prática diária dos que realizam atendimento à mulher em situação de violência.

Objetivo: Identificar desafios para capacitação e desenvolvimento dos profissionais que atuam numa rede intersectorial de atenção às mulheres em situação de violência.

Metodologia: Pesquisa qualitativa, realizada por meio de entrevistas semiestruturadas com 49 profissionais de uma rede intersectorial de atenção à mulher em situação de violência, entre outubro de 2016 a abril de 2017, na região Sul do Brasil. As entrevistas foram transcritas e o software IRAMUTEQ[®] processou análises textuais denominadas com classificação hierárquica descendente, similitude e nuvem de palavras.

Resultados: Identificaram-se os desafios articulação em rede, formação profissional, comunicação intersectorial e interface entre serviços de saúde, social e educação.

Conclusão: Educação permanente em saúde foi evidenciada como uma estratégia eficaz para a consolidação de avanços na rede intersectorial.

Palavras-chave: violência contra a mulher; colaboração intersectorial; educação permanente; capacitação em serviço

Resumen

Marco contextual: La educación continua en la salud es una estrategia para transformar la realidad cotidiana de los profesionales mediante acciones educativas. Su aplicación se buscó en la práctica diaria de quienes atienden a las mujeres en situación de violencia.

Objetivo: Identificar los desafíos para la capacitación y el desarrollo de los profesionales que trabajan en una red intersectorial de atención a las mujeres en situación de violencia.

Metodología: Investigación cualitativa, realizada mediante entrevistas semiestruturadas con 49 profesionales de una red intersectorial de atención a mujeres en situación de violencia, entre octubre de 2016 y abril de 2017, en la región meridional de Brasil. Las entrevistas se transcribieron y el software IRAMUTEQ[®] procesó los análisis textuales llamados clasificación jerárquica descendente, similitud y nube de palabras.

Resultados: Se identificaron los desafíos articulación en red, formación profesional, comunicación intersectorial e interfaz entre servicios sanitarios, social y educación.

Conclusión: Se destacó la educación continua en la salud como una estrategia eficaz para consolidar los avances en la red intersectorial.

Palabras clave: violencia contra la mujer; colaboración; intersectorial; educación permanente; capacitación en servicio

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Introduction

In Brazil, the discussion about gender violence is considered a focus among feminists, which allowed extending the debate in the various sectors and the creation of the necessary conditions for its legitimacy and breadth in the public policies and the government's response (Bandeira, 2014). Violence against women (VAW) should be understood, taking into account gender inclusion, historicity, and the political and cultural issues in the relationships between men and women (Barufaldi et al., 2017; Winters, Heidemann, Maia, & Durand, 2018). The World Health Organization (WHO) characterizes violence as a phenomenon that will affect up to one-third of all women at some point in their lives and a global public health issue, with half of these women suffering some type of physical abuse. The deaths due to aggression among women have a significant social and epidemiological relevance because most of them happen due to gender-related issues and are committed by intimate partners or former partners (Barufaldi et al., 2017), with a high incidence in the total number of female homicide victims worldwide (Domínguez Fernández, Martínez Silva, Vázquez-Portomeñe, & Rodríguez Calvo, 2017).

In this context, the implementation of educational processes focused on professional transformation and organization of care delivery to women in situations of violence becomes a resource necessary for work management and a premise in permanent education, in which the transformation and organization of services result in better conditions for access to and quality in health care. One of the objectives of permanent health education (PHE) is the valorization of the worker's knowledge, discussion, and the development of health care strategies focused on the population's needs (Lemos & Silva, 2018).

In the same way, generating professional enhancement with the training of personal skills and the development of competencies to transform the technique, the knowledge, and the attitude brings the services closer and leads to the implementation of a comprehensive and effective health care delivery (Silva, Matos, & França, 2017). In Brazil, these strategies are designated PHE. In international studies such as those of Loeffen et al. (2017) and Reis, Lopes, and Osis (2017), similar actions have received the designation of training or education program. However, regardless of the designation, the objective is oriented towards the professional's development. However, the implementation of an educational process involves looking at its professionals who can contribute through their experiences and reflections. Professional transformation involves a change of mindset from the individual to the collective and non-occasional, continuous learning. Hence, the organization should not disregard the existing knowledge, but rather direct and leverage its development, skills, and competencies (Senge, 2018).

In order to provide quality care to women in situations of violence based on the identification and interpreta-

tion of their needs, some programs related to this topic were implemented in Brazil, such as the *Programa Mulher de Verdade* (True Woman Program - PMV). This program was launched in 2002, in the southern region of Brazil, and at the same time as the intersectoral health care network for women in situations of violence (*Rede de Atenção à Mulher em Situação de Violência - RAMSV*), which seeks to ensure health care services to women in situations of sexual and domestic violence. To this end, some activities have been developed, such as the organization of services, creation of health care flows for women, as well as intersectoral and interdisciplinary collaboration (Mafioletti, 2018).

It should be noted that innovative strategies were implemented with the RAMSV, such as the health care delivery flow in situations of sexual violence, which facilitated and minimized the critical path traveled by women in the search for immediate care. Several factors contributed to coping with violence, which culminated in a better intersectoral structuring and coverage of the PMV and the RAMSV. Training was considered a strategy for fighting against VAW and intensely disseminated in its implementation. An indicator observed in this process was the increased number of reports, which was considered one of the situations that led to awards for innovation in the fight against VAW, as well as the network activities (Mafioletti, Peres, Laroca, & Fontoura, 2018).

However, despite the actions directed towards the educational processes of the professionals who work in the PMV and the RAMSV, there is a need for further actions. Thus, this study aims to identify the challenges in the training and development of the professionals who work in the health care network for women in situations of violence at a municipality in the south of Brazil.

Background

In combating VAW, actions have been implemented in a comprehensive way. One of these strategies is the training of the intersectoral network that aims to organize the services so as to provide effective care to these women in helping them to escape the cycle of violence (Santos & Freitas, 2017). However, only the creation of a network is not enough; there must be coordination between the services to help these women.

Thus, one of the factors discussed in the literature as a way of organizing work and transforming the professional daily lives is the implementation of PHE in the services. However, the professionals' participation is very important to reflect on their potential, as well as on the difficulties encountered in their daily practice (Silva et al., 2017)

This implementation sought a continuous learning process, thus the theoretical framework of Senge (2018) about the fifth discipline: the art and practice of the learning organization, in which he describes the five disciplines as tools associated with the learning process in the organizations. These disciplines are personal do-

main, shared vision, mental models, team learning, and systemic thinking. The latter was designated as the fifth discipline because it provides a vision of the whole and allows the other disciplines to be seen in an integrated and systematic way. By being integrated into the organization, they use participation as a learning strategy because they focus on the individual and their actions have an impact on the other and the organization as a whole (Senge, 2018).

Research question

What are the challenges faced in the training and development of the professionals who work in the health care network for women in situations of violence?

Methodology

This study used an exploratory qualitative approach and textual analysis based on semi-structured interviews with participants (referred to as key informants, KIs) of a program directed to caring for women in situations of violence in an intersectoral network. This network is located in the city of Curitiba, southern Brazil, and was launched in 2002, along with the PMV (Mafioletti, 2018). It integrates services in the areas of Health, Social Welfare, Justice, and Public Safety (Public Safety Policy; National Republican Guard; National Institute of Legal Medicine).

Each participant was approached individually for presentation of the study and scheduling of a date, time, and place for the interviews, with the participants choosing a private room in their workplace. Measures were proposed to ensure privacy and avoid exposure of their accounts in the intersectoral network. On the scheduled date, the researcher delivered the Informed Consent Form (ICF) and requested authorization for recording the interviews with a portable recorder. The interviews will be archived by the main researcher for 5 years as a guarantee of data confidentiality.

A total of 49 KIs participated in the interviews between October 2016 and April 2017. Each interview lasted 30 to 60 minutes. KIs were so called because they had participated in the implementation of the policies on this type of care or intervened in the program or the intersectoral network. Forty-seven participants were female, and the length of service in the PMV or the RAMSV was from 1 to 15 years (Mafioletti, 2018).

At the end of the interviews, one of the researchers transcribed them and created the primary corpus with the participants' accounts, that is, the text segments (TS; Camargo & Justo, 2018). After this first step of full reading, a new corpus was created, which was classified as secondary by another researcher. In this new phase, the researchers only used the participants' accounts on capacity building, training, education, qualification, guidance, or other word related to the educational processes. The creation of the new corpus aimed to iden-

tify the perceptions of the professionals who work in the delivery of care to women in situations of violence about the type of care offered by the program and the intersectoral network.

The IRAMUTEQ® software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) was used for data processing. It supports the researcher in the analysis, associating the results with the research material (Souza, Wall, Thuler, Lowen, & Peres, 2018). The following are used as possibilities of textual analyses (Camargo & Justo, 2018): Lexicographical Analysis, Specificities and Correspondence Factor Analysis (CFA), Analysis of similarity, Word cloud, and Descendant Hierarchical Classification (DHC). In this research, the following were used: Analysis of similarity, Word cloud, and DHC.

The national and international principles for research involving human beings were followed in accordance with the guidelines of Resolution 466/2012 of the National Health Council (CNS). The Research Ethics Committee of the University and the Municipal Health Department, where the study was conducted, approved the study under CAEE: 47647015000000102.

Results

After the creation of the secondary corpus, the accounts of 31 of the 49 KIs included some terms associated with the educational processes in the PMV and the RAMSV. Most of the KIs were women, with a mean age from 41 to 60 years, and length of service in the PMV and the RAMSV between 1 and 15 years. All of them had completed higher education degrees in areas such as Social Services, Law, Nursing, Medicine, Dentistry, Pharmacy, Psychology, Pedagogy, Administration, Mathematics, Sociology, History, and Humanities.

After being processed using the IRAMUTEQ® software, the secondary corpus allowed for the identification of the most frequent words (Camargo & Justo, 2018). Figure 1 shows the analysis of similarity, and Figure 2 shows the word cloud. The similarity analysis and the word cloud emerged from the keywords in Portuguese. The words "capacity building", "no", and "very" should be highlighted. "Capacity building" gained greater prominence, being identified in the reports as a strategy for improving intersectoral care and overcoming the challenges in implementing the services. The words "because", "people", "very", and "being" were not analyzed because they were considered anaphoras, a figure of speech to explain an idea. One of the most important words surrounding the word "capacity building" is "institution", which was reported by the KIs regarding the need for investment in educational processes: "It is not enough for the institution to talk about its mission and value, it needs to empower its professionals so that there is no disrespect . . . to people's rights" (KY43; March, 2017).

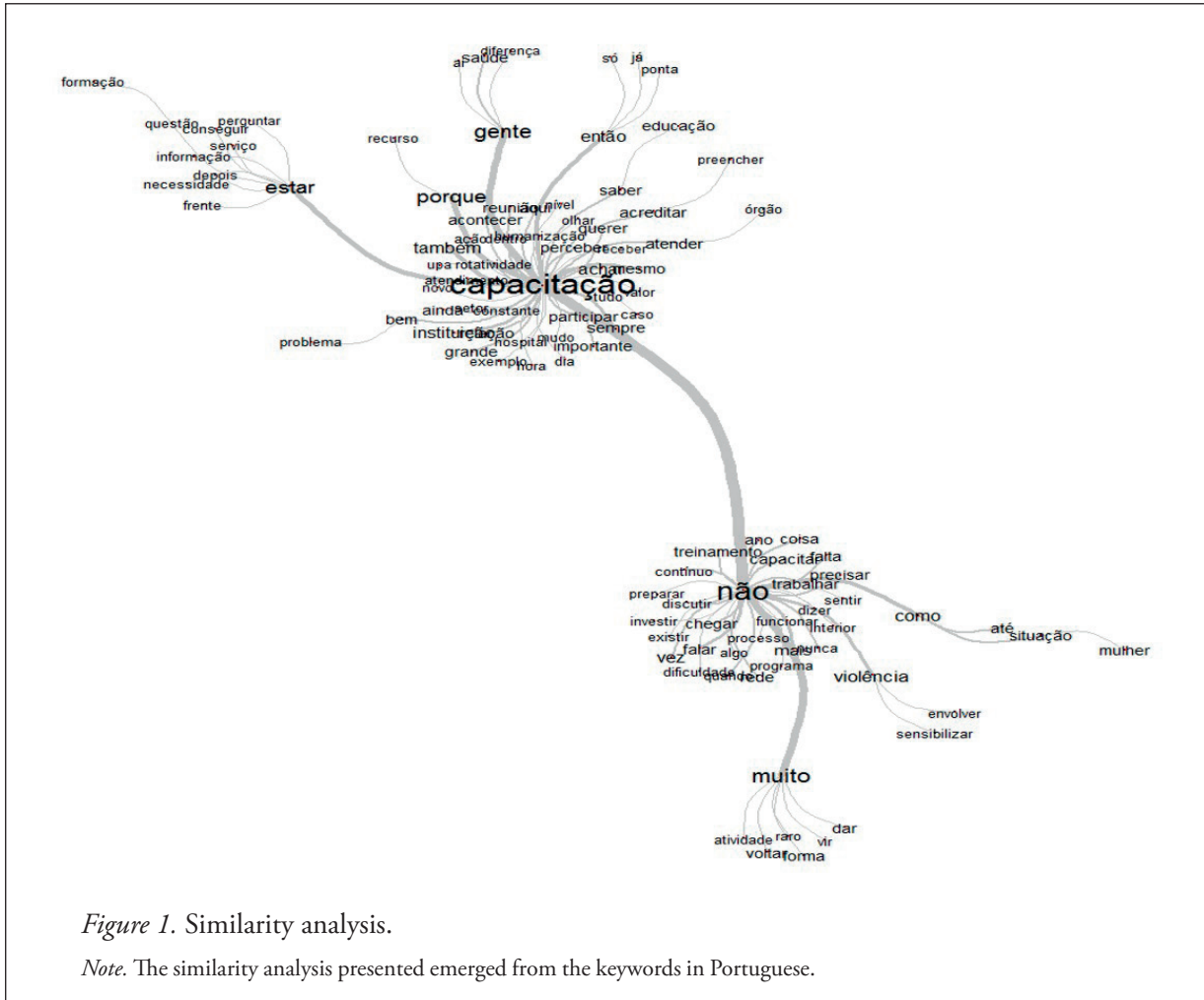
The word "no" in Figures 1 and 2 was included in reports about the feeling towards capacity building, communi-

cation/information, and intersectorality. For example: “The major problem for me in the victim’s journey is the person, the professional who didn’t know where to refer the individual” (KY16; October, 2016).

“As professionals, we don’t have much training about it or never had at all, or if we had, it was only a few times and many years ago” (KI41; March, 2017).

In Figure 1 and 2, the words “violence” and “capacity

building” should be highlighted, and in the participants’ accounts they are associated with weaknesses in the educational processes, as follows: “Some institutions that I know are not prepared and there is no investment in training and the issue of violence . . . people naturalize it very much” (KI48; April, 2017). “Violence exists, and I need to give them the tools to get out of that cycle . . . and I wonder if we are able to offer those tools” (KI27; February, 2017).



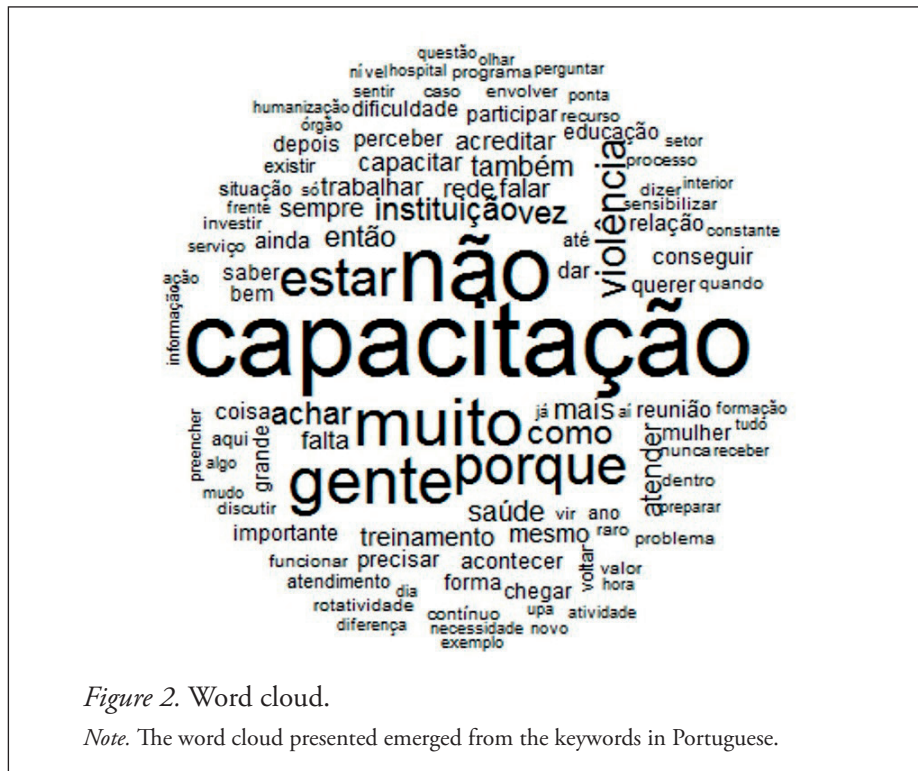


Figure 2. Word cloud.

Note. The word cloud presented emerged from the keywords in Portuguese.

The DHC, which is another form of textual analysis, is represented in Figure 3. The analysis of the DHC emerged from the keywords in Portuguese. The secondary corpus was composed of 31 texts relating to the 31 interviews. After being processed, 67 TS were created using 82.09% of the corpus. The contents for analysis resulted from the classes represented by the partitions of the corpus during processing, being composed of the words that obtained

the highest percentage of the average frequency between them and differences between them through chi-square tests (X^2). The dendrogram in Figure 3 shows that the corpus was divided four times (two of them initially and then the other two later on). The words with a chi-square (X^2) greater than 3.80 were considered for analysis, which represents a greater association of the TS between classes and greater associative strength (Camargo & Justo, 2018).

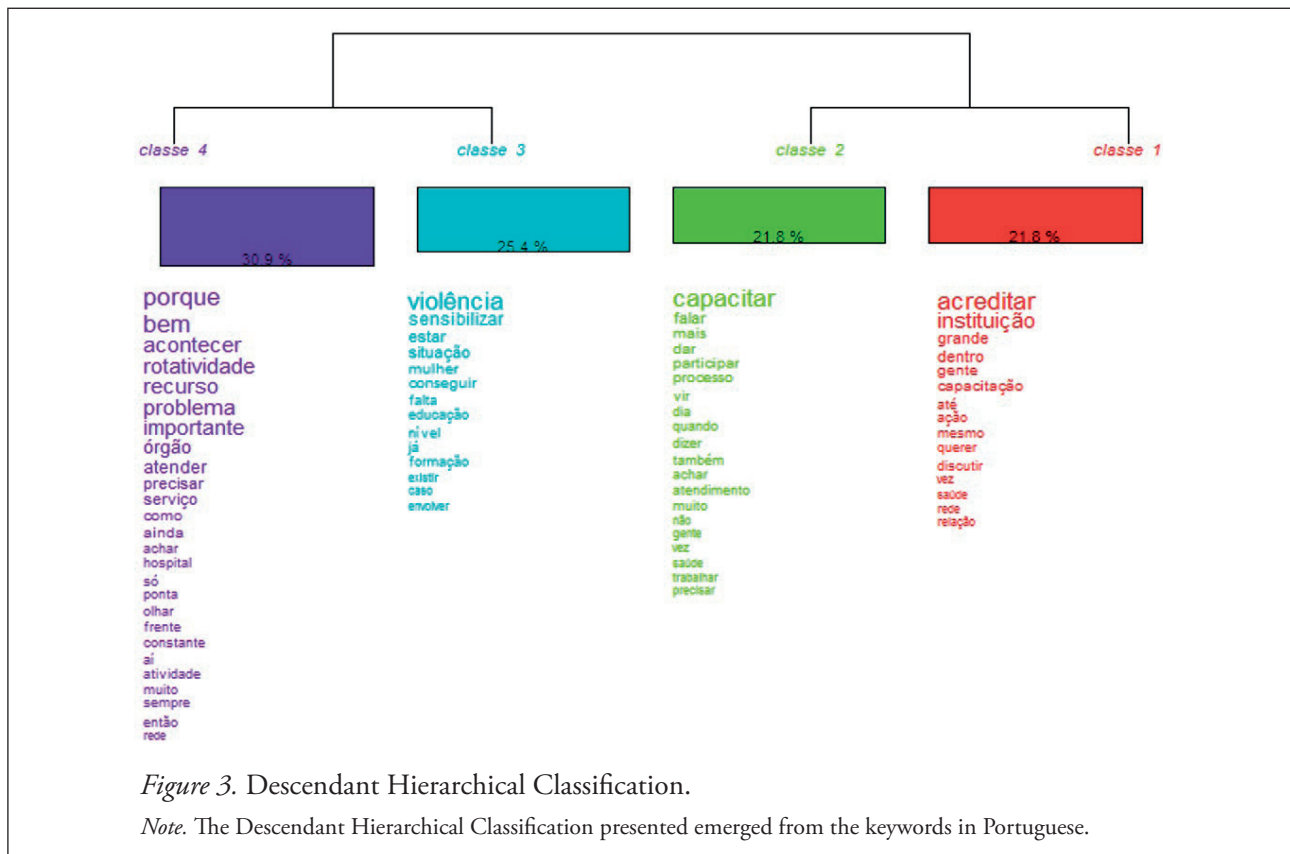


Figure 3. Descendant Hierarchical Classification.

Note. The Descendant Hierarchical Classification presented emerged from the keywords in Portuguese.

Based on this result, the classes were designated as follows: 1) Capacity building as a potential investment in the professionals who work in the intersectoral care network for women in situations of violence; 2) Capacity building as a challenge experienced in the services; 3) Insufficient knowledge about the topic and lack of information to the women; 4) Professionals' turnover and insufficient knowledge as weaknesses in care delivery. A few words were not analyzed because they were considered anaphoras in the participants' explanation, linking the accounts: Class 1: "great", "inside", "people"; Class 2: "give", "more".

Class 1: Capacity building as a potential investment in the professionals who work in the intersectoral care network for women in situations of violence. The analyzed words were "believe", "institution", and "capacity building" related to the participants' perceptions about the relevance of a continuous education process and greater involvement of the institutions in these processes. For example: "I believe that the institutions have to invest a lot . . . in this training because universities don't prepare people for this and because there is a network of professionals" (KI48; April, 2017).

Class 2: Capacity building as a challenge experienced in the services. The analyzed words were: "empower", "speak", "participate", and "process", which were associated with the concern about the performance of the professionals who work in the intersectoral network and the knowledge of the processes experienced in each service, which corroborates Figures 1 and 2.

"It would be important to train and clarify the role of each professional in the intersectoral network . . . reporting . . . many people believe that only social assistance contributes, but every health professional contributes" (KI19; November, 2016).

"I don't think that we're still very effective in intersectorality although we talk a lot about it and have training" (KY22; December, 2016).

Class 3: Insufficient knowledge about the topic and lack of information to the women. The analyzed words were: "violence", "sensitize", "being", "situation", "woman", and "achieve". The words "being", "sensitize", and "situation" were linked to reports of "violence". There was an emphasis on the challenges related to the complexity of the phenomenon and the lack of knowledge about this specific topic and the lack of information transmitted to women:

"Communication and training are bad; there is a need to sensitize these professionals to have empathy . . . it is important to know the care flow to assist women who suffer from violence" (KI16; October, 2016).

"Is it lack of knowledge or lack of training or are they on the network for a long time . . . and they are completely focused on the same family and cannot see past it . . ." (KI47; April, 2017).

Class 4. Professionals' turnover and insufficient knowledge as weaknesses in care delivery. The analyzed words were: "because", "good", "happen", "turnover", "resource", "problem", "important", "body", "care for",

"need", and "service", reflecting change and turnover in the governmental management structure, creation of internal conflicts, and reference to "capacity building" as a support tool. For KIs, it must be performed without deconstructing conquests. "Because", "important", "need", "resources", and "good" were linked in the TS on capacity building and turnover, as well as words like "bodies" and "services", which are connected between them and with the word "turnover".

"The governmental bodies change a lot . . . there is a need for capacity building and humanization . . . the people who work there change a lot . . ." (KI18; November, 2016).

"It is very present in the common sense of the professionals who care for the population that capacity building is needed . . . not only through courses but through articulation" (KI43; March, 2017).

"Expand permanent education much more because sometimes in the network meeting . . . the professional who care for these cases are not always present . . ." (KI25; January, 2017).

Discussion

The classes were explored individually, as can be seen in the figures on the participants' accounts and in connection with the framework chosen for this research study. The accounts highlighted the interest in capacity building, involving the services with an emphasis on communication and the specificities that involve the topic, the existing protocols, and the professionals in daily clinical practice.

The implementation of the PMV and the RAMSV aimed to ensure the human rights of women in situations of violence. To this end, the services were organized by focusing on healthcare flows and several health-related partnerships, both socially and legally, with the purpose of promoting healthcare and prevention issues. Their actions were oriented towards the identification of warning signs of violence, physical and psychological consequences, the information obtained about women's rights, and the performance of the healthcare services available (Mafioletti, 2018).

The professional who works in this area must hold a comprehensive view about the types of violence and understand their impact on the lives of women and their families, which are aspects required for the collaboration between the areas of health, social assistance, legal assistance, and occupational safety (Mafioletti, 2018). This makes the topic of VAW a major challenge due to the construction of new perspectives about this type of care, the qualification, and the organization of the work for professional practices (Arboit et al., 2017). The lack of collaboration between the services leads to difficulties in welcoming these women, which is the main obstacle in the work of the healthcare networks (Macedo & Almeida, 2017).

In this study, the weaknesses in communication and

organization of processes demonstrate that professional capacity building, although it is one of the pillars of the program, was not regularly assessed, which differs from Senge (2018), who reports that the learning process should not be seen as an endpoint.

Another aspect highlighted by Senge (2018) was the discipline of personal domain when he mentioned that, by knowing his/her context, the professional elevates his/her knowledge and uses it in the development of activities in connection with others. Thus, even if they are not made immediately, decisions can be better planned because the reflections based on knowledge can improve the work process (Senge, 2018). Therefore, the articulation within the RAMSV develops and improves women's healthcare services.

PHE proposes a strategic action that contributes to the qualification and transformation of health practices, in the organization of actions and services, by focusing on empowering workers and users (Silva et al., 2017). By promoting a service in which the population's needs are prioritized, professional transformation resonates in the services provided to the community, with a focus on promoting a perspective that contemplates the complexity in the relationship between gender and violence (Suryavanshi et al., 2018). Studies that investigated experiences of coping with VAW in networks have concluded that there are serious problems in the stereotypical view of gender and violence and the invisibility of this phenomenon in healthcare services (Angela & Raquel, 2018; Hassen & Vieira, 2017).

The inclusion of the professional in educational processes and the analysis of the aspects that interfere in the origin and cycle of VAW are essential because it is linked to a socio-cultural phenomenon based on a relationship of power. Without this knowledge, the tools available to these women will be provided based on the professional's perspective. An effective collaboration and the management of processes for providing tools and increasing interaction in daily practice promote the delivery of care focused on individual needs.

The care provided beyond expectations results in a feeling of comfort, even when the needs are not resolved immediately, but the search for better orientation generates welcoming and satisfaction (Mantler & Wolfe, 2017). In this way, the PHE process, while broadening the professionals' knowledge about these women's historical context, allows the professional to mediate, boost, and promote the development of these women's skills (Suryavanshi et al., 2018).

Organized care delivery and the optimization of the route promotes better conditions for achieving autonomy and goes beyond the biomedical protocols. There is a promotion of a work culture oriented towards sectorization and verticalization, which hinders the work in intersectoral networks and contrasts with the principles of sectoral integration, horizontality, connectivity, and complementarity. Therefore, it is important to develop an effective communication process, increase agility in the referrals, and decentralize decisions (Arboit et al., 2017).

The effectiveness of the conflicts resolution is addressed when the mental model and systemic thinking domains are used concomitantly. The mental model refers to the professionals' different ways of acting in the same situation. The association of the systemic thinking permeates the perception by means of dialog, reflections, and questions in the search for better solutions to the problems (Senge, 2018). The fragility of systemic thinking about the lack of articulation of the network was evidenced in the participants' accounts.

Through educational practices, PHE promotes, together with the professionals, communication skills and social commitment by involving the teams and the managers. This impacts the culture and the practice of the subject in a dialogical manner, with a rupture of paradigms as part of an educational process, in favor of the transformation from the individual to the collective, in the articulation between the population's needs and the improvement of management, encouraging the individual talents (Silva et al., 2017).

Senge's (2018) shared vision and team learning are in line with this need, in which the organization's mission should be shared by all, without devaluing the individual, and improved through actions of personal transformation. In this study, the sharing of the goals of the PMV and RAMSV to be achieved by the professionals not as an imposition, but rather through the use of educational processes generates reflections and changes in daily practice.

In the shared vision, the organizational mission is larger than the isolated practice of an action; it is the commitment in the process and the action, and not only in acceptance. Together with team learning, Senge (2018) describes that the actions taken individually need to be reflected on the impact that they had on the whole. The focus on educational processes should be oriented towards the interaction of people in action together. This research identified the development of intersectorality and how the action of each service impacts another service, more specifically in terms of the care provided to women in situations of violence.

The Global Status Report on Violence Prevention 2014 recommends the creation of resources to build the capacity of the professionals for the prevention of violence and reports that many countries have implemented national action plans, policies, and laws on violence, namely VAW. It also shows that they are not fully implemented and that strengthening data collection can reveal the true extent of the problem. According to this report, data collection is an important resource for expanding prevention, care delivery, and integration programs. Thus, training is continuously strengthened by the evaluation of results (Arboit et al., 2017).

This study showed that many data were collected in the city of Curitiba, Brazil, and that, based on them, it was possible to train professionals for health care delivery. However, despite being properly documented, the professionals' accounts show that there are still challenges to be overcome so that fighting against VAW can be as effective as WHO recommends.

Conclusion

The challenges highlighted in the implementation of the educational processes applied to the professionals of an intersectoral network of care for women in situations of violence are associated with the weaknesses related to the lack of intersectoral communication/articulation and lack of knowledge of the professionals about the topic of gender and violence, which hampers the delivery of integral and individualized care that was proposed in the creation of this program. However, the professionals' accounts highlighted the improvement of the welcoming, reporting, and health care delivery services, as well as a more effective referral.

Therefore, despite the daily challenges highlighted by the professionals who work in the PMV and RAMSV, PHE can provide strategies and guidelines to overcome the obstacles. PHE should be planned by the managers, with the participation of those who are involved in the organization of services, taking into account that they are familiar with their weaknesses and strengths.

The theoretical framework of the learning organization proposes tools that can assist managers in dealing with the teams because the changes happen not only in the organizations but also in the people who are part of them. Finally, and as a contribution to the development of a comprehensive education model, this study focused on the weaknesses identified and validated by those who are every day confronted with the gaps in the delivery of care to these women. A limitation of this study was that it was conducted in a specific region where a program and a network are already implemented.

Author contributions

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