

CONTINUING EDUCATION IN HEALTH, DISCOURSE, AND TRANSFORMATION OF WORK IN THE SUS

EDUCAÇÃO PERMANENTE EM SAÚDE, DISCURSO E TRANSFORMAÇÃO DO TRABALHO NO SUS

EDUCACIÓN PERMANENTE EN SALUD, DISCURSO Y TRANSFORMACIÓN DEL TRABAJO EN EL SUS



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ABSTRACT

This study analyzes Continuing Education in Health (CEH) within the context of Primary Health Care (PHC), articulating its conceptual, political, and pedagogical foundations with the contributions of Critical Discourse Analysis (CDA). It assumes that CEH is a fundamental strategy for improving work processes in the Brazilian Unified Health System (SUS), promoting meaningful learning from the daily routine of services and the problematization of professional practices. The work discusses CEH as a social and political practice traversed by disputes over meaning, highlighting tensions between emancipatory perspectives—centered on dialogue, collective reflection, and the transformation of care—and technical-instrumental approaches aligned with managerial rationalities. Within PHC, it is emphasized that the effectiveness of continuing education depends on institutional, organizational, and subjective conditions that favor spaces for critical analysis of work. The overload of care, the precariousness of employment relationships, and the centrality of goals emerge as challenges that can limit its transformative potential. In this scenario, Critical Discourse Analysis is presented as a theoretical-methodological framework capable of revealing how scientific, normative, and institutional discourses produce effects on management, power relations, and the organization of care. It is concluded that the articulation between continuing education in health and critical discourse analysis broadens the understanding of formative processes within the Brazilian Unified Health System (SUS), highlighting that the transformation of health practices involves not only technical changes but also the problematization of ways of thinking, speaking, and giving meaning to work. Thus, continuing education reaffirms itself as a structuring axis for strengthening more democratic, comprehensive practices committed to social justice.

Keywords: Continuing Education in Health. Primary Health Care. Brazilian Unified Health System. Critical Discourse Analysis. Work Processes. Health Management.

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RESUMO

Este estudo analisa a Educação Permanente em Saúde (EPS) no contexto da Atenção Primária à Saúde (APS), articulando suas bases conceituais, políticas e pedagógicas às contribuições da Análise do Discurso Crítica (ADC). Parte-se do pressuposto de que a EPS se configura como uma estratégia fundamental para a qualificação dos processos de trabalho no Sistema Único de Saúde (SUS), ao promover a aprendizagem significativa a partir do cotidiano dos serviços e da problematização das práticas profissionais. A obra discute a EPS como prática social e política atravessada por disputas de sentido, evidenciando tensões entre perspectivas emancipadoras — centradas no diálogo, na reflexão coletiva e na transformação do cuidado — e abordagens técnico-instrumentais alinhadas a racionalidades gerencialistas. No âmbito da APS, destaca-se que a efetivação da educação permanente depende de condições institucionais, organizacionais e subjetivas que favoreçam espaços de análise crítica do trabalho. A sobrecarga assistencial, a precarização dos vínculos e a centralidade de metas emergem como desafios que podem limitar seu potencial transformador. Nesse cenário, a Análise do Discurso Crítica é apresentada como um referencial teórico-metodológico capaz de desvelar como discursos científicos, normativos e institucionais produzem efeitos sobre a gestão, as relações de poder e a organização do cuidado. Conclui-se que a articulação entre EPS e ADC amplia a compreensão sobre os processos formativos no SUS, ao evidenciar que a transformação das práticas em saúde envolve não apenas mudanças técnicas, mas também a problematização dos modos de pensar, falar e significar o trabalho. Assim, a educação permanente reafirma-se como eixo estruturante para o fortalecimento de práticas mais democráticas, integrais e comprometidas com a justiça social.

Palavras-chave: Educação Permanente em Saúde. Atenção Primária à Saúde. Sistema Único de Saúde. Análise do Discurso Crítica. Processos de Trabalho. Gestão em Saúde.

RESUMEN

Este estudio analiza la Educación Permanente en Salud (EPS) en el contexto de la Atención Primaria de la Salud (APS), articulando sus bases conceptuales, políticas y pedagógicas con los aportes del Análisis Crítico del Discurso (ACD). Parte del supuesto de que la EPS se configura como una estrategia fundamental para la cualificación de los procesos de trabajo en el Sistema Único de Salud (SUS), al promover un aprendizaje significativo a partir de la vida cotidiana de los servicios y de la problematización de las prácticas profesionales. La obra discute la EPS como una práctica social y política atravesada por disputas de sentido, evidenciando tensiones entre perspectivas emancipadoras —centradas en el diálogo, la reflexión colectiva y la transformación del cuidado— y enfoques técnico-instrumentales alineados con racionalidades gerencialistas. En el ámbito de la APS, se destaca que la efectivización de la educación permanente depende de condiciones institucionales, organizacionales y subjetivas que favorezcan espacios de análisis crítico del trabajo. La sobrecarga asistencial, la precarización de los vínculos laborales y la centralidad de las metas emergen como desafíos que pueden limitar su potencial transformador. En este escenario, el Análisis Crítico del Discurso se presenta como un marco teórico-metodológico capaz de develar cómo los discursos científicos, normativos e institucionales producen efectos sobre la gestión, las relaciones de poder y la organización del cuidado. Se concluye que la articulación entre EPS y ACD amplía la comprensión de los procesos formativos en el SUS, al evidenciar que la transformación de las prácticas en salud involucra no solo cambios técnicos, sino también la problematización de los modos de pensar, hablar y significar el trabajo. De este modo, la educación permanente se reafirma como un eje estructurante para el fortalecimiento de prácticas más democráticas, integrales y comprometidas con la justicia social.



Palabras clave: Educación Permanente en Salud. Atención Primaria de la Salud. Sistema Único de Salud. Análisis Crítico del Discurso. Procesos de Trabajo. Gestión en Salud.

1 INTRODUCTION

Permanent Education in Health (PEH) is one of the most relevant political-pedagogical strategies aimed at the qualification of work processes and the transformation of care practices within the scope of the Unified Health System (SUS). Unlike traditional models of professional training, historically marked by the centrality of content transmission and by the fragmentation between theory and practice, PEH proposes a conception of learning anchored in the daily work, in the problematization of concrete experiences and in the collective construction of knowledge. It is, therefore, a perspective that recognizes the health worker as a historical, reflective subject and producer of knowledge, and not only as a passive recipient of technical information.

In the context of Primary Health Care (PHC), Permanent Education assumes an even more strategic role. PHC, as the preferred gateway to the SUS and coordinator of the Health Care Networks, is the space where the contradictions, strengths and limits of the Brazilian health system materialize in a more intense way. It is at this level of care that professionals deal daily with the complex demands of the territories, with the social determinants of health and with the need to articulate actions of promotion, prevention, care and surveillance. In this scenario, PHE presents itself as a concrete possibility for redefining practices, strengthening teamwork and expanding the integrality of care.

Despite its normative recognition, especially since the institution of the National Policy for Permanent Education in Health (PNEPS), it is observed that the operationalization of PEH in health services still faces numerous challenges. Recent studies indicate that continuing education is often reduced to specific training actions, sporadic training or courses disconnected from the real needs of the teams and territories. This reduction reveals the permanence of technical-instrumental conceptions of professional training, aligned with a managerial rationality that prioritizes goals, indicators and productivity to the detriment of critical reflection on the work process.

Such contradictions show that PEH cannot be understood only as a set of educational practices or as a formally instituted public policy. It is also configured as a discursive field crossed by disputes of meaning, ideologies and power relations that directly influence the way it is conceived, implemented and experienced in health services. The discourses that circulate about continuing education — whether scientific, institutional or produced in the daily work — contribute to legitimizing certain practices and silencing others, producing concrete effects on the organization of work and on the subjectivity of workers.

In this sense, Critical Discourse Analysis (CDA), as developed by Norman Fairclough, offers a powerful theoretical-methodological contribution to the understanding of these

dynamics. By conceiving discourse as a social practice, historically situated and ideologically oriented, CDA allows us to analyze the dialectical relations between language, power and social organization. In the field of public health, this perspective makes it possible to understand how the discourses on public policies, professional training and work processes not only reflect reality, but actively participate in its production and transformation.

Applying Critical Discourse Analysis to the study of Continuing Education in Health implies recognizing that the meanings attributed to PEH are socially constructed and disputed. Discourses that present it as an emancipatory, collective, and transformative practice coexist with narratives that reduce it to a normative instrument for the adaptation of workers to institutional demands. This tension reflects different projects of health, education and society, making PEH a privileged object for critical analysis within the scope of the SUS.

In this context, this chapter aims to deepen the analysis of contemporary perspectives of Permanent Health Education in Primary Health Care, based on a review of recent literature articulated with the assumptions of Critical Discourse Analysis. It seeks to understand how PHE is discursively constructed in the scientific and institutional field, what meanings are attributed to its relationship with the work processes in PHC and how these discourses influence its effectiveness as a transformative practice in the SUS. By proposing this discussion, it is intended to contribute to the strengthening of permanent education as a structuring axis of Collective Health and as an instrument of resistance in the face of the technician and managerialist tendencies that cross health work.

2 CONTINUING EDUCATION IN HEALTH: CONCEPTUAL, POLITICAL AND PEDAGOGICAL FOUNDATIONS

Continuing Education in Health (PEH) is a theoretical-political proposal that emerges in opposition to traditional models of professional training, historically based on a technician logic, fragmented and disconnected from the real needs of the services and the population. Unlike the conceptions of education centered on the transmission of content and the punctual updating of knowledge, the EPS is based on the assumption that health work is, simultaneously, a space for the production of care, subjectivities and knowledge, with the daily work being the main trigger of the training processes.

In the field of Collective Health, PEH dialogues directly with critical conceptions of education, inspired, among other references, by the thought of Paulo Freire. The centrality of the problematization of reality, dialogue and the collective construction of knowledge brings PEH closer to an emancipatory pedagogy, in which workers cease to be mere receptors of content to assume the role of active subjects of the educational process. This perspective

recognizes the historical and unfinished character of knowledge and affirms education as a social and political practice.

In the Latin American context, the notion of continuing education gains relevance from the criticism of development and professional training models aligned exclusively with market demands and productivist rationality. Guimarães, Martin and Rabelo (2010) highlight that these models produced professionals who were highly specialized from a technical point of view, but poorly prepared to deal with the social, ethical and political complexity that health work goes through. The incorporation of continuing education represents, in this sense, a paradigmatic inflection by affirming work as an educational principle.

In Brazil, the insertion of Continuing Education in Health in the field of public policies was strongly influenced by the formulations of the Pan American Health Organization (PAHO), especially from the 1980s onwards, when on-the-job learning began to be advocated as a strategy to qualify health systems. Lemos (2016) points out that PHE was conceived as a means of expanding workers' commitment to health production processes, stimulating critical reflection on practices and co-responsibility for care.

The consolidation of PEH as a public policy occurs with the institution of the National Policy for Permanent Education in Health (PNEPS), formalized by Ordinance No. 198/2004 of the Ministry of Health and reaffirmed by subsequent regulations. The PNEPS establishes that the training processes must be structured based on the problematization of the work process, taking as a reference the health needs of the population, management and social control. By shifting the focus from education as an event to education as a continuous process, the policy breaks with traditional conceptions of capacity building and training.

Ceccim (2005) offers one of the most relevant contributions to the conceptual foundation of PEH by proposing the so-called "quadrilateral of education", composed of the dimensions of teaching, management, care and social control. According to the author, continuing education is only effective when these dimensions are articulated, allowing the training processes to dialogue with the reality of the services, with public policies and with social demands. This conception broadens the understanding of PHE beyond a pedagogical strategy, recognizing it as a political device capable of influencing the organization of work and power relations in the SUS.

Despite this robust theoretical and normative framework, the literature points out that, in practice, PEH is often reduced to continuing education, capacity building or training actions. Sena (2014) and Araújo (2015) highlight that these modalities, although important, tend to reproduce a transmissive logic of knowledge, in which the contents are previously defined and the workers occupy a passive position in the educational process. This conceptual

reduction empties the critical potential of PEH and reinforces the dichotomy between theory and practice.

The distinction between Continuing Education in Health and continuing education is, therefore, central to the understanding of its pedagogical foundations. While continuing education is organized, in general, based on the updating of technical and normative contents, PEH starts from the real problems experienced in the work process and is built through collective reflection, dialogue and critical analysis of practices. Fernandes (2019) points out that PEH is not defined as a process that teaches ready-made answers, but as a process that provokes questions and displacements in workers' ways of thinking and acting.

In this sense, active methodologies play a fundamental role in the operationalization of Permanent Health Education. Strategies such as conversation circles, case analysis, unique therapeutic projects and institutional support favor the approximation between theory and practice and stimulate the autonomy of the subjects. Luz et al. (2020) highlight that the use of active methodologies in the context of health services contributes to the development of critical thinking and to the qualification of care, by recognizing the complexity of the practices and relationships established in daily life.

Another central element in the foundations of PHE refers to the conception of health work as a complex social practice, crossed by interprofessional relationships, affections and disputes of meaning. Oliveira (2017) emphasizes that the daily routine of health work cannot be reduced to protocols and technical routines, as it involves singular encounters between workers and users, marked by listening, bonding and negotiation. By valuing these dimensions, PHE creates spaces for reflection that allow professionals to analyze their implications and collectively build new forms of action.

The articulation of Permanent Education in Health with the notion of live work in action, developed by Merhy and collaborators, reinforces its transformative potential. Live work refers to the creative and inventive dimension of health work, which manifests itself at the moment of the encounter between worker and user and which cannot be fully captured by harsh norms or technologies. The EPS enhances this dimension by recognizing the knowledge produced in daily life and by stimulating the autonomy and co-responsibility of the subjects.

However, the realization of these conceptual and pedagogical foundations occurs in a context marked by structural contradictions. The precariousness of work relationships, the intensification of care demands and the growing incorporation of managerialist rationalities impose concrete limits on the implementation of PHE as a continuous and collective process.

These factors contribute to the reproduction of fragmented training practices and to the difficulty of consolidating continuing education as a structuring policy of the SUS.

Thus, understanding the conceptual, political and pedagogical foundations of Permanent Health Education requires situating it within the disputes that cross the Brazilian health system. PEH is not configured as a neutral or merely technical device, but as a social and political practice that expresses distinct projects of education, management and care. Acknowledging these disputes is a fundamental condition for analyzing their materialization in health services and, especially, in Primary Health Care, a theme that will be developed in the following chapter.

3 CONTINUING EDUCATION IN HEALTH IN PRIMARY HEALTH CARE: DAILY WORK, MANAGEMENT AND PRODUCTION OF CARE

Primary Health Care (PHC) is a privileged space for the implementation of Permanent Health Education (PEH), as it concentrates continuous, territorialized care practices guided by the principles of integrality, equity and social participation. As the main gateway to the Unified Health System (SUS) and coordinator of care networks, PHC materializes, in a concrete way, the tensions between the normative frameworks of public policies and the real working conditions experienced by health teams.

The work in Primary Care is characterized by high complexity, requiring from professionals skills that go beyond the technical-care dimension. The teams work in territories marked by social inequalities, vulnerabilities and multiple social determinants of health, demanding interdisciplinary and intersectoral practices. Starfield (2002) emphasizes that the effectiveness of PHC is directly related to the ability to establish bonds, ensure longitudinality and respond to the real needs of the population, aspects intrinsically linked to the training processes developed at work.

However, the organization of work in PHC is crossed by managerialist and productivist rationalities, expressed in the centrality of goals, indicators and protocols. Although these instruments are relevant for the planning and evaluation of actions, their uncritical use tends to reduce care to standardized practices, emptying spaces for collective reflection. Paim and Almeida-Filho (2018) highlight that this tension between the hegemonic care model and the principles of the SUS represents one of the main challenges for the consolidation of comprehensiveness in Primary Care.

In this scenario, Permanent Education in Health presents itself as a strategy of resistance and reorientation of practices, by proposing the problematization of the work process as a central axis of learning. Based on the concrete situations experienced by the

teams, the EPS values the knowledge produced in daily life and recognizes the workers as active subjects of the training process. Ceccim and Ferla (2009) emphasize that the EPS, when incorporated organically into the routine of the services, expands professional autonomy and strengthens co-responsibility for care.

The micropolitics of health work, as formulated by Merhy, offers an important contribution to understanding the relationship between PHE and PHC. Micropolitics refers to the relationships established in the meetings between workers, managers and users, and it is in this space that care is effectively produced. EPS acts directly in this dimension by creating collective spaces for the analysis of practices, in which conflicts, affections and disputes of meaning emerge, enhancing the live work in action.

In the context of Primary Care management, Permanent Education can also operate as a device for qualifying decision-making processes and democratizing power relations. Administrations that recognize PEH as a structuring axis of work organization tend to favor participatory practices, stimulating dialogue between teams and the collective construction of solutions to the problems identified in the territory. Feuerwerker (2014) points out that PEH only fulfills this role when it is not captured by a merely bureaucratic or instrumental logic.

Despite its transformative potential, the implementation of Continuing Education in Health in PHC faces concrete limits, such as the precariousness of labor contracts, the high turnover of professionals, and the care overload. These factors reduce the time available for reflective and formative activities and contribute to the restricted understanding of PEH as one-off training. Studies such as those by Lima et al. (2021) show that, in many contexts, continuing education actions remain disconnected from the real needs of teams and territories.

Even so, successful experiences described in the literature demonstrate that EPS can produce significant impacts on the qualification of care in Primary Care. Initiatives that articulate the analysis of the work process, collective discussion of cases, institutional support and user participation contribute to the strengthening of teams, the expansion of the bond with the community and the improvement of health outcomes.

Thus, the analysis of Continuing Education in Health in Primary Health Care shows that its effectiveness depends on institutional, political and subjective conditions that sustain continuous processes of reflection and learning. More than a set of methods, PEH is configured as a social and political practice that disputes meanings about work, care and the very conception of health, preparing the ground for the discursive analysis developed in the next chapter.

4 CONTINUING EDUCATION IN HEALTH AND CRITICAL DISCOURSE ANALYSIS: LANGUAGE, POWER AND SOCIAL TRANSFORMATION IN THE SUS

Critical Discourse Analysis (CDA) is an interdisciplinary theoretical-methodological field dedicated to understanding the relationships between language, power, and social practices. Developed mainly from the contributions of Norman Fairclough, the CDA is based on the assumption that discourse is not only a reflection of social reality, but a constitutive element of this reality, actively participating in the production, reproduction and transformation of social relations. In this sense, language is understood as a historically situated social practice, crossed by ideologies, disputes of meaning and power relations.

For Fairclough, discourse must be analyzed from a three-dimensional perspective, which articulates three interdependent analytical levels: the text (textual dimension), discursive practice (processes of production, circulation, and consumption of texts), and social practice (broader institutional, historical, and political contexts). This approach makes it possible to apprehend not only the explicit content of the discourses, but also the assumptions, silencing, naturalizations and linguistic strategies that sustain certain forms of social organization.

In the field of Collective Health, the CDA has shown itself to be a powerful reference for analyzing public policies, institutional practices and work processes, since it allows us to highlight how certain discourses become hegemonic and how others are marginalized. By bringing language to the center of the analysis, the CDA contributes to unveiling the symbolic mechanisms that sustain management models, conceptions of care and formative practices in the Unified Health System (SUS).

Permanent Education in Health (PEH), when understood as a public policy and as a pedagogical practice, is also configured as a discursive practice. This means recognizing that the meanings attributed to PEH are produced, disputed and legitimized through scientific, normative, institutional and everyday discourses. These discourses not only describe the EPS, but also guide its implementation, delimit its objectives and condition its possibilities for transformation.

The normative documents of the Ministry of Health, such as the National Policy for Permanent Education in Health (PNEPS), construct a discourse that associates PHE with the problematization of the work process, meaningful learning and the transformation of health practices. However, when this discourse circulates at the different levels of management and in health services, it is resignified, reinterpreted and, sometimes, emptied of its critical potential.

CDA allows us to understand how, in many contexts, PEH is discursively reduced to specific training actions, technical training or updating of protocols, aligning itself with a managerial and productivist rationality. This discursive displacement reveals the presence of ideologies that privilege efficiency, control and standardization to the detriment of critical reflection and the collective participation of workers.

On the other hand, counter-hegemonic discourses also emerge that conceive of PEH as a space for dialogue, listening, and collective construction of knowledge. These discourses, often produced in the daily life of the services and in local experiences, tension normative conceptions and affirm permanent education as an emancipatory practice, aligned with the principles of integrality, equity and social participation.

The relationship between discourse and power occupies a central place in Critical Discourse Analysis and is particularly relevant to understanding the work processes in the SUS. The discourses that circulate in health services contribute to legitimizing certain forms of work organization, professional hierarchies and management models, while silencing other possibilities of action.

In the context of Primary Health Care, the presence of discourses that naturalize work overload, the precariousness of bonds and the individual responsibility of workers for the structural problems of the system are observed. These discourses operate ideologically by shifting the focus from material and political conditions to individual performance, weakening the collective dimension of health work.

The EPS, when appropriated by these hegemonic discourses, runs the risk of being instrumentalized as a mechanism for adjusting workers to institutional requirements, reinforcing practices of control and adaptation. CDA makes it possible to highlight these processes by analyzing how certain forms of language produce effects of power, shaping subjectivities and guiding behaviors in everyday work.

On the other hand, continuing education can constitute a space of discursive resistance, by favoring the problematization of working conditions, the clarification of conflicts and the construction of alternative narratives about care and management. From this perspective, PEH assumes a political role by creating conditions for workers to recognize themselves as historical subjects, capable of critically intervening in the reality in which they are inserted.

By articulating language, social practice and power, Critical Discourse Analysis offers important subsidies for the strengthening of Permanent Education in Health as a transformative strategy. The use of CDA in research and training practices allows

problematizing the discourses that guide policies and work processes, contributing to the construction of educational practices that are more coherent with the principles of the SUS.

Within the scope of the EPS, the ADC can be incorporated as a pedagogical device, encouraging workers to critically analyze the discourses that cross their daily lives, such as protocols, goals, reports and institutional norms. This analysis favors awareness of the effects of these discourses on the organization of work and on the relationships between professionals, managers and users.

In addition, the CDA makes it possible to value the discourses produced by the workers themselves, recognizing them as legitimate and fundamental knowledge for the transformation of health practices. By giving visibility to these voices, permanent education contributes to the democratization of decision-making processes and to the strengthening of teamwork.

The articulation between Continuing Education in Health and Critical Discourse Analysis reinforces the understanding that the transformation of health practices is not limited to the adoption of new techniques or knowledge, but involves changes in the ways of thinking, speaking and signifying work and care. The discourses that circulate in health services produce realities and, therefore, their problematization is an essential condition for the construction of a more just and democratic SUS.

In this sense, PEH, anchored in a critical perspective of discourse analysis, can contribute to the deconstruction of hegemonic narratives that reinforce inequalities, fragmentations, and exclusionary practices. By promoting spaces for dialogue and collective reflection, continuing education favors the emergence of new meanings about care, management and the relationship with users.

Thus, understanding PEH as a discursive and political practice broadens its scope and reaffirms its strategic role in the consolidation of the principles of the SUS. By unveiling the relations between language and power, Critical Discourse Analysis strengthens the capacity of continuing education to act as an instrument of social transformation, contributing to the construction of more humane, comprehensive health practices committed to social justice.

5 IMPLICATIONS OF CONTINUING EDUCATION IN HEALTH AND CRITICAL DISCOURSE ANALYSIS FOR MANAGEMENT AND WORK PROCESSES IN THE SUS

Continuing Education in Health (PEH), when understood beyond a pedagogical strategy, assumes centrality as a structuring axis of management in the Unified Health System (SUS). From this perspective, PEH is not limited to the technical qualification of workers, but constitutes a political-pedagogical device capable of influencing the ways of

organizing work, making decisions and producing care. By articulating training, management and care, continuing education tensions traditional models of public administration based on fragmentation, verticalization of decisions and bureaucratic control.

The National Policy for Continuing Education in Health proposes that training processes be anchored in the real needs of services, workers and users, which implies recognizing the daily work as a legitimate space for the production of knowledge. For management, this means shifting the focus from specific training actions to the construction of institutional environments that favor collective learning, interprofessional dialogue and critical reflection on practices.

The health work processes are marked by high complexity, involving technical, relational, ethical and subjective dimensions. In the context of Primary Health Care, these dimensions are intensely manifested, since care is produced in the encounter between workers and users, in contexts crossed by social, cultural and territorial determinants. By focusing on these processes, the EPS acts in the micropolitics of work, understood as the set of relationships, negotiations and disputes that are established in the daily life of the services.

Based on Merhy's (2013) contributions, it is understood that health work is predominantly live work in action, in which technical knowledge is articulated with listening, bonding and situated decision-making. In this scenario, continuing education can favor the expansion of workers' autonomy, by creating spaces for critical analysis of practices and for the shared construction of therapeutic projects that are more sensitive to the needs of users.

The incorporation of management models inspired by business logic has produced significant effects on the organization of work in the SUS. Discourses associated with productivity, the achievement of goals and the measurement of results tend to redefine priorities and guide institutional practices. Critical Discourse Analysis allows us to highlight how these discourses operate ideologically, naturalizing forms of control and individual accountability of workers.

When appropriated by this rationality, PEH runs the risk of being reduced to an instrument for adapting professionals to institutional requirements, emptying its critical and emancipatory character. Quick courses, training focused on indicators and decontextualized training become expressions of an education subordinated to the logic of performance, distancing itself from the proposal of problematizing work and transforming practices.

The articulation between PHE and Critical Discourse Analysis offers important contributions to the construction of a more democratic and participatory management in the SUS. By critically analyzing the discourses that guide institutional policies, norms, and

practices, CDA makes it possible to denaturalize hierarchies, question established truths, and open space for the emergence of new forms of work organization.

In management practice, the incorporation of a critical discursive perspective can favor more transparent and inclusive decision-making processes, by recognizing workers as subjects who produce knowledge and not only as executors of tasks. In this context, PHE becomes a privileged space for listening to the teams, negotiating meanings and collectively constructing care and management strategies.

The implications of Permanent Education in Health and Critical Discourse Analysis for the consolidation of the SUS are broad and profound. By strengthening critical and contextualized educational practices, PEH contributes to the realization of the principles of integrality, equity, and social participation. The analysis of discourses allows us to understand how these principles are appropriated, reinterpreted or emptied in the institutional routine.

In this sense, the articulation between PHE and CDA reinforces the need for public policies that value health work as a complex and historical social practice. Investing in continuing education means, therefore, investing in the capacity of the SUS to reinvent itself in the face of contemporary challenges, strengthening its public, democratic dimension committed to social justice.

6 FINAL CONSIDERATIONS

This chapter showed that Permanent Education in Health, articulated with Critical Discourse Analysis, offers a powerful reference to rethink the management and work processes in the SUS. By shifting the gaze to the discourses that guide institutional practices and decisions, it becomes possible to identify limits, contradictions and potentialities that cross the daily routine of the services.

Thus, PEH reaffirms itself as a fundamental strategy not only for professional qualification, but for the transformation of labor relations, management and health care. The ADC, in turn, broadens this understanding by showing that the change in practices necessarily involves the problematization of the meanings that sustain health practice, contributing to the construction of a more humane, equitable and democratic SUS.

We sought to analyze the perspectives of Permanent Health Education (PHE) in the context of Primary Health Care, articulating this field with the theoretical-methodological contributions of Critical Discourse Analysis (CDA). Throughout the chapters, it was evident that PEH occupies a strategic place in the Unified Health System (SUS), not only as a public education policy, but as a social, pedagogical and political practice deeply involved in the organization of work, management and production of care.

The analysis developed allowed us to understand that continuing education does not materialize in a neutral or homogeneous way in health services. On the contrary, its meanings are continuously disputed and resignified through scientific, normative, institutional and everyday discourses. These discourses express distinct health, education and management projects, revealing tensions between critical and emancipatory conceptions and technical-instrumental approaches aligned with a managerial and productivist rationality.

In the context of Primary Health Care, the chapters showed that the effectiveness of PHE is directly conditioned to the concrete working conditions, the forms of management and the power relations that cross the daily life of the services. The overload of work, the precariousness of bonds and the centrality of goals and indicators emerge as discursive and material elements that limit the transformative potential of continuing education, while at the same time producing processes of subjectivation marked by the individual responsibility of workers.

The incorporation of Critical Discourse Analysis as an analytical framework proved to be fundamental to unveil these dynamics, as it evidenced that the discourse not only reflects the reality of health work, but actively participates in its production and maintenance. The CDA allowed us to identify how certain discourses become hegemonic, naturalizing practices and management models, while others are silenced or marginalized, despite their critical and innovative potential.

At the same time, the work highlighted that Permanent Education in Health can constitute a privileged space for resistance and transformation. When guided by the problematization of the work process, by listening to the teams and by valuing the knowledge produced in daily life, PEH favors the collective construction of care, the strengthening of teamwork and the expansion of workers' autonomy. From this perspective, continuing education reaffirms its commitment to the principles of the SUS, especially integrality, equity and social participation.

The reflections presented also point to important implications for the management of the SUS. Recognizing PHE as a structuring policy implies ensuring institutional conditions, protected time and technical-political support for the development of critical and contextualized educational practices. In addition, it requires confronting managerial discourses that reduce education to an instrument of control and adaptation, emptying its emancipatory potential.

In the field of research in Collective Health, this book contributes by highlighting the relevance of Critical Discourse Analysis as an analytical and pedagogical tool. The CDA expands the possibilities of understanding health policies and practices, by articulating

language, power and social practices, offering subsidies for investigations that seek to understand not only what is done in the SUS, but how health work is spoken, legitimized and transformed.

Finally, the limits of this work are recognized, especially because it is an analysis based predominantly on a bibliographic review. Empirical studies that directly incorporate the discourses of workers, managers and users can deepen the discussions presented here, expanding the understanding of the multiple forms of appropriation of Permanent Education in Health in different territories and institutional contexts.

Even so, it is hoped that this book will contribute to the strengthening of Permanent Education in Health as a critical, reflective and transformative practice, reaffirming its central role in the consolidation of the Unified Health System. By articulating PHE and Critical Discourse Analysis, it seeks to foster new ways of thinking, speaking and doing health, committed to democracy, social justice and the defense of life.

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