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Permanent education in the prevention of institutional violence in the health care network: an integrative review

Educação Permanente na prevenção da violência institucional na Rede de Atenção à Saúde: revisão integrativa

Educación Permanente en la prevención de la violencia institucional en la Red de Atención a la Salud: revisión integrativa

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ABSTRACT

Objective: To analyze the scientific evidence regarding the importance of Continuing Health Education as a strategy for preventing institutional violence within the healthcare network. **Method:** This integrative review followed the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. The search was carried out in September 2024, using the following descriptors: “Health Personnel”, “Continuing Education”, “Violence at Work”. Initially, 37 studies were identified, of which 7 were selected for analysis after applying the criteria. Initially, 37 studies were identified. After using the criteria, 7 studies were selected for analysis. **Results:** Four main categories were identified. 1ª: addressed forms of institutional violence such as neglect, discrimination, and abuse of power, highlighting the main factors contributing to their occurrence. 2ª: discussed the implementation of Continuing Education, emphasizing its importance in empowering healthcare professionals, improving interprofessional communication, and promoting a culture of safety. 3ª: involved practices of welcoming and humanization, demonstrating how ongoing training can help prevent and reduce cases of institutional violence. 4ª: addressed Institutional Challenges and Working Conditions within the Health System. **Conclusion:** Continuing Health Education emerges as an essential strategy for preventing institutional violence in the healthcare network. However, its effectiveness depends on a continuous institutional commitment to professional training, the implementation of safety policies, and the promotion of an organizational culture based on respect and care. Strengthening educational practices aimed at humanization and welcoming is crucial to ensuring a safe, ethical, and high-quality environment for both users and healthcare professionals.

Descriptors: Education, Continuing; Health Personnel; Workplace Violence.

RESUMO

Objetivo: *Analisar as evidências científicas acerca da importância da Educação Permanente em Saúde como estratégia para a prevenção da violência institucional dentro da Rede de Atenção à Saúde.* ***Método:*** *Revisão integrativa seguindo as diretrizes Preferred Reporting Items for Systematic Reviews and Meta-Analyses. A busca foi realizada, em setembro de 2024, utilizando os seguintes descritores: Pessoal de Saúde; Educação Continuada; e Violência no Trabalho. Inicialmente, foram identificados 37 estudos, dos quais 7 foram selecionados para análise após a aplicação dos critérios.* ***Resultados:*** *Foram identificadas quatro*

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categorias: a I abordou as formas de violência institucional, como negligência, discriminação e abuso de poder, evidenciando os principais fatores que contribuem para sua ocorrência; a II discutiu a implementação da Educação Permanente, destacando sua importância para capacitar os profissionais de saúde, melhorar a comunicação interprofissional e promover uma cultura de segurança; a III envolveu as práticas de acolhimento e humanização, mostrando como a formação contínua pode ajudar a prevenir e reduzir casos de violência institucional; e a IV abordou os desafios institucionais e condições de trabalho no sistema de saúde. ***Conclusão:*** *A Educação Permanente se configura como uma estratégia essencial na prevenção da violência institucional na Rede de Atenção à Saúde. Contudo, sua eficácia depende de um compromisso institucional contínuo com a formação dos profissionais, da implementação de políticas de segurança e da promoção de uma cultura organizacional de respeito e cuidado. O fortalecimento das práticas educacionais voltadas para a humanização e o acolhimento são relevantes para garantir um ambiente seguro, ético e de qualidade, tanto para os usuários quanto para os profissionais de saúde.*

Descritores: *Educação Continuada; Pessoal de Saúde; Violência no Trabalho.*

RESUMEN

Objetivo: *Analizar la evidencia científica sobre la importancia de la Educación Permanente en Salud como estrategia para la prevención de la violencia institucional dentro de la Red de Atención a la Salud.* ***Método:*** *Revisión integrativa siguiendo las directrices Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). La búsqueda se realizó en septiembre de 2024 utilizando los siguientes descriptores: Personal de Salud; Educación Continua; y Violencia en el Trabajo. Inicialmente se identificaron 37 estudios, de los cuales 7 fueron seleccionados para análisis tras la aplicación de los criterios establecidos.* ***Resultados:*** *Se identificaron cuatro categorías: la primera abordó las formas de violencia institucional, tales como negligencia, discriminación y abuso de poder, evidenciando los principales factores que contribuyen a su ocurrencia; la segunda discutió la implementación de la Educación Permanente, destacando su importancia para capacitar a los profesionales de la salud, mejorar la comunicación interprofesional y promover una cultura de seguridad; la tercera se centró en las prácticas de acogida y humanización, mostrando cómo la formación continua puede contribuir a prevenir y reducir casos de violencia institucional; y la cuarta abordó los desafíos institucionales y las condiciones laborales en el sistema de salud.* ***Conclusión:*** *La Educación Permanente se configura como una estrategia esencial para la prevención de la violencia institucional en la Red de Atención a la Salud. No obstante, su eficacia depende de un compromiso institucional continuo con la formación de los profesionales, de la implementación de políticas de seguridad y de la promoción de una cultura organizacional basada en el respeto y el cuidado. El fortalecimiento de las prácticas educativas orientadas a la humanización y al acogimiento resulta fundamental para garantizar un entorno seguro, ético y de calidad, tanto para los usuarios como para los profesionales de la salud.*

Descriptores: *Educación Continua; Personal de Salud; Violencia laboral.*

INTRODUCTION

The Health Care Network (RAS), as established by Ordinance No. 4,279 of December 30, 2010, represents the primary strategy of the Unified Health System (SUS) to provide comprehensive care for users, while also improving resource use and system efficiency. Primary Health Care (PHC) is a key component of the RAS, playing a central role in the care process as it is the first point of contact between users and health professionals. The RAS includes a range of actions and services focused on prevention, health promotion, and rehabilitation, both individually and collectively. Additionally, it functions as a communication hub within the system, offering significant potential for developing actions and strategies to address violence, including that perpetrated by health professionals against users[1,2].

Reception, within the context of Health Care Network teams, especially by Primary Care teams, is an effective strategy to identify and reduce harm and suffering for people in situations of violence, without making them worse[1,3]. Violence, seen as a social phenomenon, refers to the actions of individuals, groups, classes, or peoples that cause material and/or psychological harm, such as physical assault, psychological violence, and institutional violence, impacting both the victim and the perpetrator[4,5]. In this context, violence affects populations unequally, especially in the face of various vulnerabilities in society. The health system is a key space to address this issue, and professionals must contribute to prevention, respond to cases, and develop effective actions to fight violence[6,7].

Furthermore, institutional violence is seen as a non-specific health issue because its persistence and spread are rooted in the relationship between services and users, often leading to violent actions. This violence typically manifests in neglectful care, social discrimination, physical violence, and even sexual violence[8,9]. One way to address this problem is through Permanent Health Education (EPS), an approach to teaching and learning that aims to improve the quality of work. EPS encourages the collective building of knowledge based on the needs of professionals, valuing their experiences. Additionally, it should be viewed as a political-pedagogical process that

enables participants to commit to creating knowledge and fostering relationships with the community to transform realities and promote health, following a Freirean perspective[10].

EPS can be carried out in any space that favours its effects and promotes interaction among professionals, in which collaboration becomes essential to guarantee the quality of services, effectively meeting the needs of users. It presents the objective of progressing through problematizing and critically teaching of everyday life, through the production of knowledge in everyday work, through the creation of new care practices, creative solutions, and initiatives that transform the reality of care, consequently changing the ways of producing it[10,11].

In this sense, the objective of this study was to analyze the scientific evidence on the importance of Permanent Education as a strategy for institutional violence prevention within the Health Care Network.

METHOD

It is an integrative literature review, the objective of which is to synthesize, in a systematic, organized, and comprehensive manner, the findings of research related to the topic in question. This type of review enables a broader and more in-depth understanding of the subject studied, and it is considered an essential research method in the context of Evidence-Based Practice (EBP), as it favors the incorporation of evidence into clinical practice. Its purpose is to gather and consolidate the results of studies on a specific topic or issue, providing a detailed, critical, and structured analysis of the available scientific production [12].

As a basis for this study, six steps were used to complete this review: 1) Development of guiding questions; 2) Search or sampling in literature; 3) Data collection; 4) Critical analysis of included studies; 5) Discussion of results; 6) Presentation of the integrative review[13]. The review process was based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist.

To develop the research question, the PICo strategy was used (P: population; I: Intervention; Co: Outcome (expected outcome or result). This acronym can be used to construct various questions, enabling the correct definition of the information necessary to resolve the research question. Furthermore, it maximizes the recovery of evidence in numerous databases, focuses the research scope, and avoids unnecessary searches[14].

Table I. Description of the PICo Strategy.

Acronym	Definition	Description
P	Population	Healthcare Network Workers.
I	Intervention	Implementation of continuing education programs aimed at preventing institutional violence.
Co	Result	Prevention of institutional violence within the Healthcare Network.

Source: Authors (2024).

Based on Table 1, the following question was formulated: How can Continuing Education contribute to the prevention of institutional violence in the Health Care Network?

The data search was developed in September 2024, based on a selection of articles with online access in the electronic databases Medical Literature Analysis and Retrieval System Online (MEDLINE), through the National Library of Medicine National Institutes of Health (PUBMED); Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF) via the Virtual Health Library (VHL). To construct the search strategy, uncontrolled and controlled descriptors registered in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used: O: Health Personnel, E: Continuing Education, and C: Workplace Violence. The Boolean operators AND and OR were used to perform cross-referencing between the descriptors. The search strategy can be defined as a tool or a set of rules to enable the comparison between a generated query and the information recorded in a database.

Table II. Search strategy according to each database. 2024

Medline via PUBMED	
Descriptors and keywords	Number of studies found
"Health Personnel"[Mesh] OR Personnel, Health OR Healthcare Worker* OR Health Care Provider* OR Provider, Health Care OR Healthcare Provider* OR Health Care Professional* OR Professional, Health Care AND systematic review [Filter] AND "Education, Continuing"[Mesh] OR Life-Long Learning OR Learning, Life-Long OR Life Long Learning OR Continuing Education OR Lifelong Learning OR Learning, Lifelong OR Continuous Learning OR Learning, Continuous AND systematic review [Filter] AND "Workplace Violence" [Mesh] OR Violence, Workplace OR Workplace Violence* OR Institutional violence OR Violence against user AND systematic review [Filter]	0
LILASC/Via BVS	
Descriptors and keywords	Number of studies found
mh:"Pessoal de Saúde" OR prestadores de cuidados de saúde OR profissionais da saúde OR profissionais de saúde OR profissional da saúde OR profissional de saúde OR trabalhador da saúde OR trabalhador de saúde OR trabalhadores da saúde OR trabalhadores de saúde AND mh:"Educação Continuada" OR educação contínua OR Educação permanente OR formação continuada AND mh:"Violência no Trabalho" OR violência ocupacional OR violência no ambiente de trabalho OR violência institucional OR violência contra usuário	27
BDENF/Via BVS	
Descriptors and keywords	Number of studies found
mh:"Pessoal de Saúde" OR prestadores de cuidados de saúde OR profissionais da saúde OR profissionais de saúde OR profissional da saúde OR profissional de saúde OR trabalhador da saúde OR trabalhador de saúde OR trabalhadores da saúde OR trabalhadores de saúde AND mh:"Educação Continuada" OR educação contínua OR Educação Permanente OR formação continuada AND mh:"Violência no Trabalho" OR violência ocupacional OR violência no ambiente de trabalho OR violência institucional OR violência contra usuário	10

Source: Authors (2024).

The selection of eligible studies was carried out by reading the titles and abstracts of each work, applying inclusion and exclusion criteria to classify them as accepted or rejected. Studies published and available in full and with free access in the databases searched were included; documents of the primary study article type; in English, Portuguese, or Spanish; that jointly addressed the following aspects: primary health care, violence in the workplace and/or in institutions, and Continuing Education.

The search in the databases identified 37 publications, being: zero publications in MEDLINE, 27 in LILACS, and 10 in BDENF. After reading the titles and abstracts, a total of 16 studies were obtained. After evaluating the exclusion criteria, seven articles were selected to make up the final sample for the respective review study, as shown in the flowchart below.

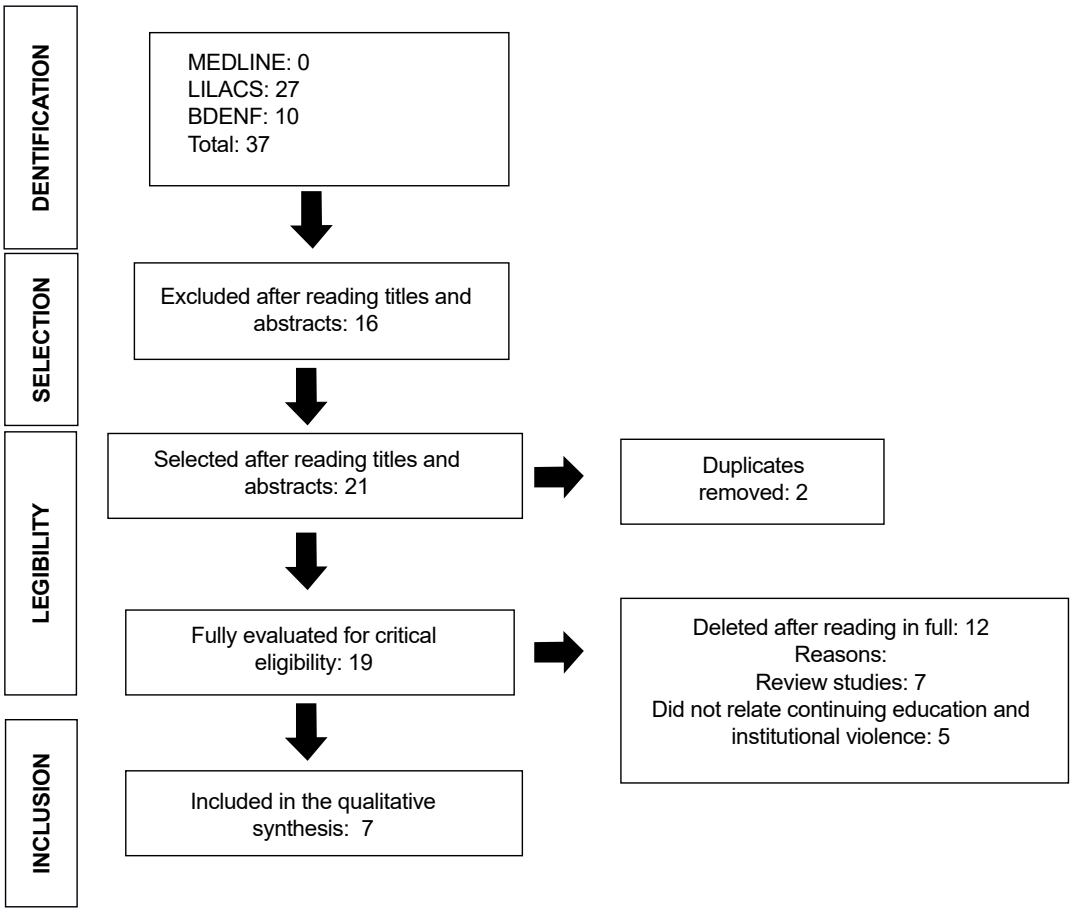

Figure 1. Flowchart prepared following PRISMA recommendations for the process of identification, selection, and inclusion of articles. **Source:** Authors (2024).

Duplicate papers or those dealing with other topics, such as obstetric violence, were excluded. Selection was made by two authors and then reviewed by a third reviewer; any disagreements in classification were resolved by consensus. Data from each article were extracted independently by two reviewers, identifying information on: author, year, study location, language, objective, study design, level of evidence, participants, thematic category of the study, and main findings.

The level of evidence was based on the classification presented in the study by Souza, Silva and Carvalho([13]): Level 1 – evidence resulting from the meta-analysis of multiple controlled and randomized clinical studies; Level 2 – evidence obtained in individual studies with experimental design; Level 3 – evidence from quasi-experimental studies; Level 4 – evidence from descriptive (non-experimental) studies or with a qualitative approach; Level 5 – evidence from case reports or experience; Level 6 – evidence based on expert opinions.

After data extraction, content analysis was performed, as proposed by Bardin([15]), a qualitative thematic analysis of the findings from the included studies. This analysis consisted of an exhaustive reading of the complete texts, seeking to identify common elements, divergences, and recurring patterns related to Permanent Education and the prevention of institutional violence. The content was organized into thematic categories based on the recurrence of the main aspects addressed in the studies. Categorization was performed independently by two researchers; in case of disagreement, consensus was reached through discussion among the reviewers.

RESULTS AND DISCUSSION

Of the 19 eligible studies, 12 were excluded after full-text reading. Thus, the sample for this integrative review totalled seven articles. A summary of the selected articles is presented in Charts 1 and 2.

Chart 1. Summary of studies included in the integrative review (2024)

Author/year	Title	Study design	Main findings
Ril SY, Oliveira Junior JB de, Mello MMC e, Portes V de M, Pires ROM, 2024[16]	"There is only one mother!": institutional violence in the experiences of double motherhood in health care.	Qualitative method, using individual online interviews and asynchronous online focus groups.	The results revealed the marginalization of these women's parental experiences, highlighting the institutional violence present in Brazilian health services.
Freitas MA, Alvarez ÂM, Aparecida S, Holz EM, 2023[17]	Best Nursing Practices for the Elderly in Family Health Strategy Units in a Municipality in the South of the Country.	qualitative, exploratory research, through semi-open interviews and field diary.	The curative focus distances nurses from establishing best practices and is not always based on scientific literature. Amidst such needs, nurses must be immersed in a process of critical learning.
Jesus MKMR de, Moré IAA, Querino RA, Oliveira VH de, 2023[18]	Experiences of transgender women in the healthcare system: visibility toward equity.	Qualitative study, through focus group, sociodemographic form and semi-structured interview.	The importance of raising awareness of the peculiarities of LGBTQIAP+ users from professional training, investing in worker well-being, and investing in training and continuing education for professionals can contribute to increasing the visibility of the demands of the trans population.
Machado RR, Pires DEP de, Trindade L de L, Amadigi FR, Melo TAP de, Mendes M, 2022[19]	Management in the Family Health Strategy: workloads and structured institutional violence.	Qualitative research, triangulating workload theory, following the Solidified Criteria for Reporting Qualitative Research (COREQ) guidelines.	The lack of working conditions characterizes structured institutional violence, manifesting itself in the form of action or omission, lack of access or poor quality of services, as well as in the tendency towards the Flexnerian model, to the detriment of the focus on health surveillance in the territory (undergraduate curricula still focused on the biomedical model).
Oliveira JAS de, Furtado LAC, Andreazza R, 2022[20]	(In)visibility of violence in the production of care for homeless people.	Qualitative approach, from a cartographic perspective.	The results point to shifts in the meaning of violence as a natural consequence of vulnerability and drug use, making other elements involved in its production visible, such as the structural and institutional racism experienced by these people.
Mapelli LD, Sabino, Riani C, Jorge S, Maria, Carlos DM, 2020[21]	Intersectoral network to combat violence against children and adolescents in rural settings.	Qualitative research, using the Complexity Paradigm as a theoretical and methodological framework.	A fragile and poorly organized intersectoral network was revealed. Territory needs to be considered beyond its geographic boundaries, as it is understood as dynamic and alive, expressed in social relationships and productions. Domestic violence against children and adolescents, as a complex phenomenon that requires networking, should be included in health education and addressed through continuing education.
Moreira GAR, Vieira LJE de S, Cavalcanti LF, Silva RM da, Feitoza AR, 2020[22]	Manifestations of institutional violence in the context of health care for women experiencing sexual violence.	Qualitative research based on semi-structured interviews.	The results revealed a failure to recognize sexual violence as a target for intervention in the health sector, and a reception of women marked by omissions, lack of privacy, and discriminatory attitudes. Structural conditions and the shortage of medicines and supplies were cited as limitations to care.

Source: Authors (2024).

When analyzing the year of publication of the studies included in the integrative review, a greater concentration of recent studies is observed, with 28.6% published in 2023 and 28.6% in 2022. Only 14.3% of the studies were published in 2024, and another 28.6% date from 2020. This distribution indicates that the issues addressed, such as institutional violence and care practices, remain current and relevant in the health context, having been frequently investigated in recent years. The database common to all studies was LILACS (100%), demonstrating its relevance in indexing research related to public health and the Latin American context. The fact that all studies come from a single database can be interpreted as a limitation in terms of scope.

All the studies analyzed used qualitative approaches, standing out as the predominant method for understanding complex phenomena, such as institutional violence and equity in the health system. Within this approach, different methodological strategies were applied, including semi-structured interviews (28.6%), focus groups (28.6%), and specific theoretical perspectives, such as theoretical triangulation (14.3%) and the Complexity Paradigm (14.3%). Table 2 presents the characteristics of the studies, such as location and language, level of evidence, type of violence most highlighted, and the importance of Continuing Education in the face of institutional violence identified in the studies.

Chart 2. Characteristics of the studies included in the integrative review (2024)

Author/year	Location/ language	Level of evidence	Most common types of violence	Importance of Continuing Education in the Face of Institutional Violence
Ril SY, Oliveira Junior JB de, Mello MMC and, Portes V de M, Pires ROM, 2024[16]	Santa Catarina Brazil/ Portuguese	4	Institutional, marginalization of parental experiences, discrimination in health practices.	Continuing Education is essential to raise awareness among professionals about the multiple forms of violence and to change care, promoting more inclusive and integrative care.
Freitas MA, Alvarez ÂM, Aparecida S, Holz EM, 2023[17]	Santa Catarina, Brazil/ Portuguese	4	Symbolic (negativity in care practices), neglect of preventive practices.	Continuous training allows professionals to move beyond the curative approach, integrating more humanized and preventive practices into the care of the elderly.
Jesus MKMR de, Moré IAA, Querino RA, Oliveira VH de, 2023[18]	Minas Gerais, Brazil/ Portuguese	4	Symbolic and institutional against LGBTQIA+ people, invisibility of specific needs.	Continuing education is crucial for professionals to recognize the specificities of vulnerable populations, promoting more equitable and inclusive care.
Machado RR, Pires DEP de, Trindade L de L, Amadigi FR, Melo TAP de, Mendes M, 2022[19]	5 areas Brazil/ Portuguese	4	Institutional resulting from lack of working conditions, abuse of power in management practices.	Ongoing training can improve coordination between managers and healthcare teams, creating more collaborative and effective practices in addressing institutional violence.
Oliveira JAS de, Furtado LAC, Andreazza R, 2022[20]	Bahia Brazil/ Portuguese	4	Structural and institutional against homeless people, the invisibility of needs.	Continuing Education can raise awareness among professionals to deal more humanely and effectively with vulnerable populations, promoting more accessible and inclusive care.
Mapelli LD, Sabino, Riani C, Jorge S, Maria, Carlos DM, 2020[21]	São Paulo, Brazil/ Portuguese	4	Institutional, negligence in health services, lack of support in rural contexts.	Continuing Education is essential for professionals to be able to work in a more integrated way with other support networks, improving care in isolated contexts such as rural areas.
Moreira GAR, Vieira LJE de S, Cavalcanti LF, Silva RM da, Feitoza AR, 2020[22]	**Ceará** Brazil/ Portuguese	4	Institutional in reception practices, omissions, lack of privacy, discriminatory attitudes.	Continuing Education should be used to train professionals to deal with the specific needs of victims of sexual violence, ensuring more appropriate, sensitive and respectful care.

Source: Authors (2024).

Regarding language, 100% of the studies were published in Portuguese, which facilitates accessibility for national professionals and researchers but may restrict international dissemination and the expansion of global scientific impact. All studies presented level of evidence 4 (100%), which denotes a concentration in descriptive and qualitative papers. Although this may indicate a methodological weakness, it is pertinent to emphasize that such studies are fundamental to understanding complex and multifaceted phenomena, such as institutional violence, especially when they involve subjective, cultural, and ethical aspects of health care.

All studies were conducted in Brazil, with distribution concentrated in a few regions. This predominance may be related to the choice of descriptors and the formulation of the research question itself, which focused on the reality of the Healthcare Network in the Brazilian context, especially within the Unified Health System (SUS). The South and Northeast regions each contributed 28.6% of the studies, while the Southeast region also represented 28.6%. Only 14.3% of the studies addressed all five areas of Brazil, as shown in Table 2. The state with the most studies was Santa Catarina, with 60%. This distribution highlights an underrepresentation of the North and Central-West regions, suggesting that scientific production still does not fully address the regional specificities and inequalities in the Brazilian healthcare system.

The selected articles were distributed into four thematic categories based on the analysis technique proposed by Bardin[15]: Fragmentation of Care and the Impact of Institutional Violence; Challenges in Recognizing Violence and Providing Humanized Care; The Transformative Role of Continuing Education for Quality of Care; and Institutional Challenges and Working Conditions in the Health System.

Fragmentation of Care and the Impact of Institutional Violence

The fragmentation of care in the Brazilian health system and its relationship with institutional violence are central issues in the studies analyzed. One of the primary causes of this fragmentation is the lack of effective coordination between different services and levels of care, which compromises the effectiveness of care and perpetuates institutional violence. The fragility of the intersectoral network prevents cases of violence from being addressed comprehensively and continuously, resulting in disjointed and ineffective care[21]. The lack of strong institutional links and coordination between services increases the vulnerability of users, who end up being “thrown” from one service to another, without adequate monitoring[20,22].

On the other hand, although fragmentation is a structural characteristic of the system, it is also influenced by the lack of communication processes between professionals and institutions. Many health professionals are not fully aware of the support networks available, and often, referrals to other services are made in an improvised manner and without continuity. This contributes to the worsening of institutional violence, where users face barriers to accessing adequate care and specialized services[17]. An intersectoral approach could be a viable solution to overcome fragmentation, but this approach directly depends on the ongoing training of professionals, so that they understand the importance of working in an integrated manner with other services and sectors, such as education, social assistance, and public safety[18].

Continuing Education is, therefore, an essential tool in trying to reduce the fragmentation of care. Ongoing training of health professionals, focusing on integration among services and understanding the various dimensions of institutional violence, can significantly improve coordination between teams. However, as studies point out, this training needs to be continuous and adapted to local realities, considering the specificities of each region and community [17, 18, 22]. Furthermore, the lack of effective implementation of Continuing Education contributes to the perpetuation of fragmentation and institutional violence, reinforcing the need for public policies that guarantee the training and infrastructure necessary for integrated practice.

This reality contradicts the principle of comprehensive care, as proposed by Barbara Starfield[23], who defends primary care as a coordinator of care and promoter of continuity and longitudinality. The fragmentation identified also reveals the absence of practices based on health promotion, which, according to the National Health Promotion Policy[24], requires intersectoral coordination and the creation of healthy and welcoming environments. The disconnect between services and the still predominant biomedical logic limits the effectiveness of actions aimed at vulnerable populations[25,26]. Therefore, in addition to professional training, a systemic effort is needed to reorganize services based on the principles of the SUS, especially comprehensiveness, equity, and social participation.

In this context, Continuing Education is configured as a strategic tool for health promotion, by training professionals for integrated, contextualized practices focused on the real needs of users. Continuous training, adapted to local

specificities, contributes to overcoming fragmentation and building a more cohesive and effective care network, aligned with the principles of the Unified Health System (SUS).

Challenges in Recognizing Violence and Providing Humanized Care

The lack of recognition of violence, especially in its subtler forms, such as psychological and institutional, is a recurring problem in the studies analyzed. Many health professionals fail to recognize the specific needs of vulnerable populations, such as trans people, and often minimize the violence these people suffer, denying them adequate care[18]. In this sense, the marginalization of same-sex couples and the difficulties these users have in accessing care that recognizes their specific needs represent significant challenges for the health system. Cultural barriers and the lack of training among professionals to deal with this diversity of demands perpetuate institutional violence. Care is often guided by a normative and exclusionary perspective, where the user's needs are neglected in favor of a biomedical model that does not consider the specificities of each individual[16].

Conversely, in contexts of high social vulnerability, health professionals may recognize violence but lack effective strategies to deal with these situations. Thus, although violence is identified, the scarcity of resources and the lack of institutional support make intervention limited, leading to reactive rather than preventive care[20]. In this sense, although academic training advances concerning violence, many professionals still feel uncomfortable dealing with complex cases of violence, especially when they do not involve visible physical aggression, such as cases of psychological or institutional violence[19].

Continuing Education emerges as a necessary response to overcome this gap in the recognition of violence. The training of health professionals must involve not only technical updating, but also the development of a critical understanding of the social and cultural dynamics that influence experiences of violence. This training must be comprehensive, addressing issues of gender, sexual orientation, ethnicity, and social class[18].

The difficulty in recognizing institutional violence is also linked to a limited understanding of the concept of health, still centered on the absence of disease. It is therefore necessary to overcome the model centered on clinical medicine and move towards an approach that considers subjects in their entirety, recognizing the symbolic, cultural, and subjective dimensions of care production[27]. This perspective is reinforced by Ayres[26] when proposing the concept of "extended care", which implies recognizing users as subjects of rights, and not just as carriers of symptoms. Health promotion, in this sense, requires that services be attentive to subtle forms of violence – such as negligence, moral judgment, and omission –, adopting an ethical and responsive stance to the diverse needs of users.

The Transformative Role of Continuing Education for Quality of Care

Studies agree that Continuing Education has a transformative role in improving the quality of care and addressing institutional violence. When Continuing Education is integrated with intersectoral coordination, it not only improves the resolution of services but also promotes a broader and more comprehensive understanding of users' needs[21]. Continuing education is crucial for overcoming the biomedical model, allowing professionals to adopt more inclusive care practices based on the real needs of users[19].

However, although Continuing Education has enormous transformative potential, its implementation is limited by the lack of institutional support and the scarcity of resources. Even with ongoing training, health professionals often face a lack of infrastructure, material resources, and institutional support, which compromises the effectiveness of interventions[17,22]. In this sense, there is still a lack of alignment between Continuing Education programs and the specific needs of the communities served[18]. It means that training is often not sufficiently contextualized to address local realities, limiting its impact on the day-to-day running of health services.

Thus, although Continuing Education is recognized as a fundamental pillar for improving care, its implementation depends on a coordinated effort that goes beyond technical training. It needs to be accompanied by public policies that guarantee the necessary infrastructure, such as hiring more professionals, creating intersectoral care protocols, and improving working conditions in health units. Furthermore, Continuing Education must be adapted to local realities, considering the cultural, social, and economic particularities of each region, so that it can be effectively applied in daily care[17,18,22].

Intersectoral coordination and networking are essential for addressing the multiple dimensions of institutional violence[19,21]. It is argued that violence cannot be treated in isolation by a single service, and that collaboration between different sectors – such as health, education, public safety, and social assistance – is necessary to ensure

an effective response. However, the lack of integration between these sectors is one of the biggest obstacles to effective service. Healthcare professionals are often unaware of the resources available in other areas and have difficulty making the necessary referrals to ensure continuity of care. This lack of coordination results in failures in care and the exclusion of many people from health and protection services [19,21].

Although intersectoral coordination is a relevant guideline in the SUS, it still faces significant challenges, such as the lack of a holistic view of the care process among health professionals and the scarcity of financial and human resources to implement efficient intersectoral actions. Continuing Education has the potential to overcome these barriers, empowering professionals to recognize the importance of networking and collaboration with other services. However, for this to happen, there is a need for a cultural change in healthcare institutions, which must be promoted[17,20].

Permanent Education, as a structuring policy in the SUS, is a central instrument for operationalizing Health Promotion in the daily routine of services. EPS must bring about changes in practices by problematizing the work process and integrating technical and popular knowledge[29]. However, as already pointed out, there is a mismatch between what is proposed by policy and what is implemented in the territories. EPS must be committed to transforming practices, not just technical updates. It implies recognizing that health promotion is not a one-off action, but a way of organizing care and the work process [30]. The construction of critical learning spaces in services can be the way to incorporate the ethical, cultural, and subjective dimensions that permeate institutional violence.

Institutional Challenges and Working Conditions in the Health System

The significant relationship between the increase in managers' workloads in the Family Health Strategy (ESF) and institutional macropolitical aspects has been widely discussed. The lack of autonomy and planning significantly affects managers, generating stress, frustration, and anxiety due to the lack of control over work processes and insufficient support from the team. Due to this lack of autonomy, managers face difficulties in implementing effective changes in work processes, which negatively impacts the quality of service[19].

It is common for professionals to exceed their daily workload, which results in physical and mental exhaustion. Long working hours, combined with poor working conditions, create significant physical and emotional demands, harming the well-being of healthcare professionals and, consequently, affecting the quality of care provided. Constant pressure on professionals leads to dissatisfaction, increased stress, and difficulty in maintaining humanized and effective care[20].

Factors such as low pay, dissatisfaction, and long working hours have a significant impact on the mental health of healthcare professionals. The more emotionally exhausted the worker felt, the more dissatisfied he considered himself, which could constitute institutional violence[18]. These factors reveal the relationship between precarious working conditions and institutional violence, resulting in a cycle of emotional and physical exhaustion that affects the quality of care.

Furthermore, the lack of appropriate working conditions contributes to a stressful scenario, making health institutions more prone to structured institutional violence. Violence manifests itself through action or omission in health institutions, with a lack of access and poor quality of services provided. Bureaucratic rules and relationships perpetuate inequalities and an asymmetry of power, contributing to precarious working conditions and poor service performance, which can lead to institutional violence[20].

The precariousness of working conditions, combined with the productivist logic imposed on health services, constitutes a significant obstacle to promoting health and overcoming institutional violence. Working relationships in the SUS are still marked by instability, overload, and low recognition, which compromise the ability of professionals to act critically and transformatively. Health Promotion, in this context, requires actions directed at users and care strategies for SUS workers, through healthy organizational environments, professional appreciation, and qualified listening[31]. Investment in Continuing Education needs to be linked to these strategies, favoring the creation of spaces for listening, reflection, and change in institutional practices.

FINAL CONSIDERATIONS

This study aimed to analyze the scientific evidence on the importance of Continuing Education in Health as a strategy for institutional violence prevention within the Health Care Network. The findings demonstrate that Continuing Education can play a central role in raising awareness among professionals, improving care quality, and developing more humane and ethical practices in health services. Institutional violence – in its multiple forms, such as neglect,

discrimination, abuse of power, and mistreatment – has been identified as a significant obstacle to the effectiveness of health services, directly impacting the user experience and the morale of health professionals.

Although the findings answer the guiding question of this study, it was observed that all included studies are Brazilian papers and have a level of evidence 4, which highlights a methodological limitation and the absence of studies with more robust designs, such as impact assessment studies, and the exclusion of gray literature, which may have restricted the scope of the evidence identified. The thematic categorization of data, although carefully carried out, also carries the risk of subjectivity in the analysis. Despite these limitations, the results indicate that continuing education can be a specific tool for transforming violent and dehumanizing institutional practices. Its use, when structured in an interprofessional, critical, and continuous manner, has the potential to positively impact the quality of Health Care, especially in public services where the main complaints related to institutional violence are concentrated.

The findings highlight a significant gap in the production of empirical knowledge on the topic, especially regarding measuring the objective and sustainable results of EPS actions on institutional violence prevention. Investing in research with more robust qualitative and quantitative approaches can strengthen the field and provide more solid evidence for public policymaking.

Therefore, future research is needed to deepen the understanding of how Continuing Education can be adapted to different contexts, such as those specific to vulnerable communities and marginalized populations, such as the LGBTQIA+ population, homeless people, and other groups historically excluded from access to healthcare. It is also essential to investigate the conditions for implementing Continuing Education, such as training programs adapted to local realities and the challenges faced by professionals in applying the knowledge acquired. Furthermore, studies that evaluate the effectiveness of Continuing Education in concretely reducing institutional violence are essential to validate interventions and propose improvements. The development of participatory methodologies, which involve users themselves in the construction of knowledge and the training of professionals, can be an important area to be explored.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

CONTRIBUTIONS

Rauana dos Santos Faustino, **Renata Adele de Lima Nunes,** and **Sara Beatriz Feitoza Ricardino** contributed to the acquisition, analysis, and interpretation of data, as well as to the writing and review of the manuscript. **Ronny Batista de Sousa** contributed to the preparation and design of the study, as well as the acquisition, analysis, and interpretation of data. **Laura Hévila Inocêncio Leite** contributed to the writing and review of the manuscript.

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