Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

THE RECEPTION IN BASIC HEALTH CARE: KNOWLEDGE AND PRACTICES

O ACOLHIMENTO NA ATENÇÃO BÁSICA À SAÚDE: SABERES E PRÁTICAS

LA RECEPCIÓN EN CUIDADOS BÁSICOS DE SALUD: CONOCIMIENTOS Y PRÁCTICAS

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RESUMO

Objetivo: conhecer a realidade da prática do acolhimento na percepção da equipe multiprofissional e, especificamente, entender todo o processo que envolve a humanização na atenção em saúde. ***Método***: estudo descritivo e exploratório com abordagem qualitativa, cujos sujeitos foram membros da equipe multiprofissional em saúde, atuantes em atenção básica à saúde. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 03269612.8.0000.5346. ***Resultados***: o conhecimento sobre acolhimento é incipiente e, em geral as ações desenvolvidas estão desvinculadas dos preceitos que norteiam o acolhimento e a humanização da atenção aos usuários. ***Conclusão***: as ações propostas pela Política Nacional de Humanização em Saúde não permeiam as atividades concernentes ao processo de trabalho, na região em que se desenvolveu a pesquisa. ***Descritores*:** Atenção Integral a Saúde; Instituições de Saúde; Atenção Básica a Saúde; Qualidade na Assistência a Saúde.

ABSTRACT

Objective: recognizing the reality of the hosting practice under the perception of the multidisciplinary team and, specifically, understanding the whole process over humanization in health care. ***Method:*** a descriptive and exploratory study of a qualitative approach, whose subjects were members of the multidisciplinary health team working in primary health care. The research project was approved by the Research Ethics Committee, CAAE 03269612.8.0000.5346. ***Results:*** knowledge about hosting is incipient and, in general the actions developed are disconnected from the precepts that guide hosting and a humane approach to users. ***Conclusion:*** the actions proposed by the National Humanization Policy in Health do not permeate the activities related to the work process in the region in which the survey was developed. ***Descriptors:*** Comprehensive Health; Health Institutions; Primary Health Care; Quality in Health Care.

RESUMEN

Objetivo: conocer la realidad de la práctica de acogida en la percepción del equipo multidisciplinario y, en concreto, entender todo el proceso acerca de la humanización en la atención sanitaria. ***Método:*** es un estudio descriptivo y exploratorio de enfoque cualitativo, cuyos temas eran miembros del equipo multidisciplinario de salud, que trabajan en la atención primaria de salud. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE 03269612.8.0000.5346. ***Resultados:*** el conocimiento acerca de acogida es incipiente y, en general, las acciones desarrolladas están desconectadas de los preceptos que guían la acogida y un enfoque humano a los usuarios. ***Conclusión:*** las acciones propuestas por la Política Nacional de Humanización de la Salud no permean las actividades relacionadas con el proceso de trabajo en la región en la que se desarrolló la encuesta. ***Descriptores:*** Salud Integral; Instituciones de Salud; Atención Básica de Salud; Calidad de la Atención de la Salud.

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INTRODUCTION

In 2003, starting from the principle of individuality and subjectivity of human beings and of the role and accountability of all segments involved in the production of health, managers, workers and users; there was created the National Policy of Humanization (PNH).[1] The PNH has primarily intended to raise awareness and provide the necessary changes in the health care setting, ensuring to professionals and users to value these agents as holders of the power of transformation and building good health practices.

One of the guidelines of the PNH is hosting, a device that provides spaces for meeting, listening and reception to provide the interaction between users and workers, employees and workers and between users,[1] ensuring universal access to information, the resolution, the forwarding (if needed) and build bond.[2]

Hosting means qualified hearing health problems of users, providing them always a hit and taking responsibility for solving their problem or desire. Thus, hosting allows accessibility and resolution of the needs that led them to seek care, established by creating the link between service and user.[3] This device also implies a reorganization of the health work process, which seeks to change the health service relationship with the user, subject of citizenship rights, which should be assisted efficiently and have their health needs met.[4]

Hosting is proposing to reverse the logic of organization and functioning of health services, based on principles such as service guarantee all people seeking these services through the universal accessibility; reorganization of the work process, having moved its central axis of the doctor to the multidisciplinary team; qualification in the relationship between workers and users from humanization parameters, solidarity, citizenship and empathy.[5]

Hosting can be seen as an important device that meets the requirement of access, construction of link between staff and population, workers and users, but for both, need to resize the working process and the production of paid care. It is a process in which a team of workers takes on the responsibility to intervene in a particular reality of their service territory, having as parameter the health needs and thus establish a warm and humane relationship, promoting health in individual levels and collective, [6] so the host is a new form of qualification in health care and also improvement of the work process and forms of organization and improve care and health management.

Because the human need for attention, listening and its individuality and integrity characteristics, make essential and necessary practices relating to admission in primary care, both by workers towards the users, as well as in the multidisciplinary team. This mechanism contributes to the remodeling of the work process, transcending the eminently technicalities standard and welfare of emphasis on health medicalization. Thus, this study was guided by the research question: What is the intersection between knowledge and practices relating to admission by the professional staff in primary care? In anticipation of answering that question, the objective of this study is:

- Recognizing the reality of hosting practices in primary care through the perception of the multidisciplinary team.

METHODOLOGY

This is a descriptive, exploratory study of a qualitative approach[7-8] conducted in five Basic Health Units in a city of approximately 125.000 inhabitants of the countryside of Rio Grande do Sul State, from July to December 2012. In the definition of the study population we chose to sample purposeful, intentional or deliberate;[9] therefore, the subjects were members of the multidisciplinary team (nurses, practical nurses, doctors, dentists and community health agents) act in such health units. In pursuance of the study, we used semi-structured interviews.[10] For the assessment of the data we used the technique of Content Analysis.[11] The research project was approved by the Ethics Committee of the Federal University of Santa Maria, as contained in the term embodied nº 41611, of 19th of June, 2012, CAAE 03269612.8.0000.5346.

RESULTS AND DISCUSSION

There were interviewed ten subjects, among these, two nurses, two dentists, two nursing technicians, two doctors and two community health workers. The average time of formation of the subjects was of eight years and the playing time in the service of six years. The study subjects were identified as follows: E1 (Nurse 1); O1 (Dentist 1); TE1 (Nursing Technician 1); M1 (Doctor 1); ACS1 (Community Health Agent 1), consecutively, according to the interview order.

The data derived from research allow us to understand that the majority of respondents have little knowledge or know the National Humanization Policy. For some interviewees

this proposal is far from having a practical application. Those known, even in an incipient form, report having read 'something' at the site of the Ministry, and not had the opportunity to attend events or training that would provide better able to take ownership of knowledge that subsidize their practices. Given the scale of the data, it was decided by a cut and describes the survey data into two categories, and the second is made up of two sub-categories. The first category refers to 'knowledge about host in primary care' and the latter of the 'host practices in primary care', divided into two subcategories: 'practices relating to admission in primary care: what is being done' and 'practices relating to admission in primary care: what could be done.'

♦ Knowledge about reception in the basic attention

Hosting is a process of the health work mechanism. In it, it allows the design of spaces for meeting, listening and reception, providing the interaction between subjects, be they workers and / or users of services, in which it seeks to ensure universal access, information, resolution, routing and building links.

The answers show a diversity of understanding about what is really hosting. The clinical evaluation is a technique of preparation of a diagnosis and is one of the parts of hosting. *Hosting for me is how a patient is received in the public unit, since the problems he reports to the rest of his condition, both mental, physical, general evaluation (O1). The reception of the users in the health services denotes the form of organization of these services. Hosting is ... how to receive the user ... so we ... it's our whole work, but more oriented to person seeking the service, the attendance (E2). Hosting someone constitutes a form of reception in health services [...] I think that is receiving the patient, I don't know whether in relation to the health centers, but we must meet well the patients, receive the in the health center (O2). [...] It is when the person arrives at the basic health unit, and the first person who answers there is the reception, the first and then there at the outpatient clinic and, yes, and then goes to the consultation (ACS2).*

Hosting may be understood as a process of review of intercessors processes that build relationships in health practices. In specific, the host translates into humanized, cozy relationships, in which workers in services as a whole need to establish different approaches in caring for the users. Hosting changes the working process and therefore the management of health services, in which professionals assume commitments with the transforming practices.[12]

The responses of the subjects show no significant knowledge about hosting, the minds of these are varied, demonstrating that this care strategy is not producing the expected results in the work process and, thus, distances themselves from hosting and humane precepts in health attention.

The notion of reception is based on collective changes in work organization, in search of differentiation in individualized care (users) and / or collective (populations). The subjects of the research infer that hosting is in: *[...] give good service with good relationship with the person, development, clarification, seeking to meet that person the best possible for him to be satisfied (NT2). Hosting configuration in this way means [...] guarantee of good service, ensuring access of all people in a more qualified way, okay? (M1). The forms of reception of users can be one of the actions of commitment and humanization: [...] the proper care, hospitality, in a secular way, the impression that first comes to mind is in relation to, the first aid, the way the patient in the primary care unit, he is received here in this unit (M2).*

The concept of hosting is related to ethics and care in a human relationship, empathy and respectful attitude to users, and also implies the evaluation of risks and vulnerabilities, selection of priorities, perception of their clinical, epidemiological and psychosocial needs. [13] Hosting is aimed at enhancement of the complaints of the patient/family, identifying their needs, respect for differences, being a care technology permeated by the use of dialogue, establishing involvement, listening and mutual perception. [14]

Hosting can also be seen as a support base for the construction of models for primary care, this defined by technical, ethical and human standards to which professionals should receive the demand and seek ways of solving. The anesthesiologist should be dispensing care to users, with the appreciation of the complaint and the identification of individual and collective needs.[15]

Regardless of the formation of the research subjects, for these hosting is bound to receive well the users. However, experiments in practice and existing literature show that hosting transcends the 'welcoming the users'. Hosting leads us to understand that, in addition to welcoming users, also need to rethink the forms of organization of services, the availability of working conditions, coordinating knowledge with health practices and as a way of overcoming in a technical and compartmentalized model of care, whether

individual or collective. The survey results allow us to understand that knowledge about host is elementary. Do host therefore translates into action planning, health education and implementation of actions that really are concerning to the precepts which it is based.

♦ Hosting practices in the basic attention

The category is divided into two subcategories: the first refers to the 'host practices: what has been done' and the second the hosting practices in primary care: what could be done.'

♦ Hosting practices in the basic attention: what is being done

For hosting we can understand the adoption of a joint position, which takes place in all relationships, spaces and times, seeking answers about the needs of users. On practical host that has been developed in the units, which was developed in the research, says one of the interviewees that the *[...] contribution is the sense of satisfaction at the time, needs the user to come for you to contribute to the progress of the work, so that the unit operation becomes better (TE1).*

The risk rating (Red, Yellow, Green and Blue) is one way to identify the needs and establish the priorities of care. Therefore, the respondent says that [...] *we listen to patients' complaints and see what it will do to him if he will go through a nursing consultation, you go to the doctor's appointment, goes pro service urgency or will be rescheduled [...]* (E1). In the organization of the health work process, similar to that envisaged in the host and the risk classification matter, other than to make the reception, also includes the clinical assessment of the general user. On this point, one of the interviewees thus relates:

> *[...] Hosting, here in my sector, which is dentistry, the patient it is first received by our management technique, which first see his needs. He arrives, tells which sector he wants to be driven, it goes through screening, which is checked his vital signs, even from the temperature, the pressure, sometimes you need some other additional examination as HGT (assessment of blood glucose) and then it is routed to the specific sector that he sought, for example, the dental sector (O1).*

Hosting means a different way of operating work processes in order to ensure special attention to individuals who seek health services, listening to their needs and providing solving posture, in which falling shares adjusted to the demands of users. The host as techno-assistance device allows you to change the ways of operationalizing the attention because it modifies the actions concerning the health work process as well as models of care and management of health services.[16]

Besides discussing the host, adds to the need to transcend the problems relating to primary care, such as the existence of queries marking lines, with the introduction of an appointment scheduling system, thus improving accessibility to services health more effectively. Another way to promote the actions of services refers to the integration of services between the multidisciplinary team, with the implementation of humane working groups set up by the managers, doctors, nurses, social workers, receptionists, etc.[17]

The risk rating is one way to identify the priorities of calls to users. The organization of services and hence the change in the multidisciplinary team working process, can be composed in an important strategy for overcoming the distribution model 'chips' and 'queues'. The precept that underlies the host is not consistent with this form of attention to users.

In designing fully paid attention it is recommended that the actions developed by different professionals consider the differences and needs of users, without slipping into the partitioning of attention. The establishment of new relations between professionals and users, supported the notion of commitment and humanization, allows the assignment of more dynamic and interactive relationships. The notion of an attention from the needs of users can be observed when it says:

> *[...] The nurse call in the unit, women's health, the hypertensive, diabetic, pregnant, all service itself that it is the nurse, my part is to get every patient, to guide, kind welcome even in service he is seeking, which I will be able to provide as a professional service in addition to guiding, receiving, to drive and do my job (E2).*

Access to health services and the organization of care with qualified listening facilitate building links. The relationship between professionals and users with solving can extrapolate to care spaces. On this point, one of the interviewees says that *[...] most of the patients here is that unit already here, are already people from the community, are well known people who, in addition to that doctor-patient relationship, already there is an even, relationship often, friendship (M2).*

The making of health workers, when adopting a way of operating technicalities and forward the procedures, to the detriment of comprehensive care, hampers the production of bond and host. In the forms of work

organization, predominantly compartmentalized actions and dichotomized between relief, prevention and promotion. This way of organizing the services denotes a discontinuity in the forms of attention, for the payment and the longitudinally care end up not happening.[18]

Assistance actions usually are centered in the figure of the doctor, while other workers as adjuncts of the services and not assuming as correspondents. Even to understand that health actions should occur in full by the multidisciplinary team contextually, workers operate in a disjointed manner, fragmented and the implementation of specific actions and post-production. Understanding the host is consistent with the notion of inclusion of users in services and indeed how to identify and propose actions regarding their real needs.[18] Therefore, "the responsibility for the care requires hosting and the user's bond".[18:2479]

Depending on the type of organization, there are still errors, with regard to health care organization in primary care. Still lives with long queues and delays in appointments and tests, the lack of physical structure and equipment, depersonalization, lack of privacy, lack of psychological preparation and information, and the lack of ethics on the part of some professionals.[19]

The host as health care of the processing technique suffers from intervening factors such as: the organization of the work process, availability of human resources, professional commitment, knowledge of the shares, the paid work of the teams, the sidewalk attention in consultation trinomial/tests/medications and, above all, forms of organization management and the establishment of guidelines for the development of work.

Extracts of the interviews show that the subject focus on the host so compartmentalized and not systematized, that is, each of these individuals understands and takes actions relating to reception and attention in their specificity, according to his understanding. What do you mean when you record the daily practices of working guidelines, such as hosting, which has no intention of 'plaster', but to establish parameters guiding behaviors, systematization of work, natural therapeutic projects (...). Even in reason that there need to be respected vocational training, culture and especially the individuality of workers.

♦ Hosting practices in the basic attention: what could be done

Scraps arising from the research extracts indicate that the participants consider the deployment of hosting linked to the forms of organization of services and investment in educational activities. The educational needs are evidenced when it states that *[...] would disclose more in the units and enable the team to this host (TE1).* Knowledge of the principles underpinning the proposed host and humanization of care is a key to rethink the entire work process and the reorganization of services. One way to appropriate expertise is in the development of educational activities. About the fact that fact one of the respondents so pronounced:

> *[...] I think there should have a job with all health professionals on the issue of reception, which really is the host and say a permanent education from the basic level there that meets the technical, the nurse, the doctor, what would it be welcome, which direction we should give (E2).*

The ministerial proposal provides for the training of health professionals, such as political transformation in training practices, care, management, popular participation and social control in the health sector. The proposed education is based on meaningful learning. Thus, power-would provide knowledge of host and evaluation of risks.[20] It is considered also that the central aspect in continuing education is the 'problem', chosen from the daily work of judgment for all professionals involved in service and involved in the resolution of that critical node[21]. Education in job search enable the identification of training needs and development of workers and, since then, building strategies and improving processes of care and health management, in order to qualify the work process of professionals and have a positive impact on assistance to users. Thus, it is understood the educational process as a space for thinking and doing at work, with actions that enable individuals greater ability to act in the workplace as subjects who are perfected as citizens anchored on ethical principles and political values, respecting aspects cultural needs of various.[20]

The organization of health services from the host of precepts includes the qualification of access to users, in which case the necessary review of the work process. The issue of reorganization of services can start by *[...] a meeting with even own employees to be said a good way, that we can make the receiving, the care of these patients (O2).* In the reorganization of services, the main guiding precept are the guidelines of SUS, which need to be known to all those involved in the care of users. Knowing the system guidelines means

to allocate on a site which allows you to review the ways to approach the subject, which is projected to

> *[...] You have to do is follow what we already have. That SUS is one of the main projects in the world. The problem is that nothing or almost little is accomplished. Then is to promote and implement the guidelines and principles of SUS and, consequently, of the PNH (M1).*

In the reorganization of services, provides for the establishment of actions that resize the routing care to users, with the introduction of immediate attention, therefore, you can enter an initial assessment, the record *[...] of a short questionnaire. For example: chief complaint, vital signs, if the patient had a fever the night before or during the day, how long he has other symptoms that may appear (M2).*

Hosting as a proposal is focused on the qualification of health services and for users.[13] However, for it to become effective, one needs to rethink the organization and, especially, the forms of management and care model, transcending the curative model for actions that complement and, concomitantly, also develop prevention and promotion.

The precepts that make up the host based on the premise inversion of the organization and operation of services. This is composed of three principles: universal accessibility; reorganization of the work process, with emphasis on multidisciplinary care; as well as qualify the relationship between workers and users, having as parameter the humanization, solidarity and citizenship. [6] That effectively changes occur, investment in education is in one of the most important strategies. Education is the driving force for the changes actually take effect.

Educational activities must be established in order to allow the full development of the subjects involved in the process, so it is recommended that education at work provides ramifications of knowledge that can promote individual and collective autonomy, connected with personal, professional and social in which they are inserted. The starting point of education is based on the social context in which teachers and students, linking the experiences of daily work mediated with the theoretical precepts host, contribute to the generation of changes in health work process and, consequently, (re) configure the attention to users.[22]

Parallel and concurrently, the (re) think the organization of services, with the introduction of new methodologies/technologies, it is essential, in order to create opportunities new management and thus qualifying assistance. The host is in important device for easy access, establish links between the population and users, to question, review and reconstruct the work process.

CONCLUSION

The PNH was created with the intention of raising awareness among health workers and thus provide the changes in the health care setting, and consecutively ensure that professionals and users to value these agents as holders of the power of transformation and construction of good practice health. One of the guidelines of the PNH is hosting, which provides spaces for meeting, listening and reception to provide the interaction between users and workers, employees and workers and between users. Therefore, the host means qualified listening, creation and connection and resolution. However, the implementation of welcoming in primary care is anchored in actions such as political claim, changes in forms of management and attention and also changes in the work process health.

Research shows that knowledge about hosting and the humanization of health care, in the study segment, is elementary, and in the daily work, these actions effectively not occur. As can be seen, the assistance activities do not fit as providing for the National Humanization Policy, ie, hosting while changing instrument is not effective in the place where the study was developed.

Hosting, as a working tool, allows someone to review and set different modes of management, this understood as a means of effecting health care. However, the implementation of new methods of management and attention needs to be linked to education at work, as a means to make them effective. While recognizing the importance of the host as a way to improve customer service, this needs to be linked to changes in management, including: resizing and qualification of human resources, availability of materials, equipments and supplies, physical space and mainly adopt effective ways of health management. But while the proposals contained in the National Policy of Humanization are fully viable, the host as health care strategy has not yet entered in the health services where the study was developed.

REFERENCES

1. Ministério da Saúde (BR). Secretaria-Executiva. Núcleo Técnico da Política Nacional de

Humanização. HumanizaSUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS / Ministério da Saúde, Secretaria-Executiva, Núcleo Técnico da Política Nacional de Humanização. – Brasília: Ministério da Saúde; 2004.

2. Fracolli LA, Zoboli ELP. Acolhimento: uma tecnologia para a assistência. In: Santos, A.S; Miranda, S.M.R.C (orgs). A enfermagem na gestão em atenção primária à saúde. 1 ed. Barueri, SP: Manole. 2007. P. 376-392.

3. Solla JJSP. Acolhimento no sistema municipal de saúde. Rev. Bras. Saude Mater. Infant. [Internet]. 2005 Dec [cited 2014 Aug 12];5(4):493-503. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292005000400013&lng=pt. http://dx.doi.org/10.1590/S1519-38292005000400013.

4. Sá, CMCP; Moura, SG; Braga, LAV; Dias, MD; Filha, MOF. Experience of implementation of hostness in a family health unit. J Nurs UFPE on line [Internet]. 2011 [cited 2013 July 20];7(esp):5029-35. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2867

5. Franco TB, Bueno WS, Merhy EE. O acolhimento e os processos de trabalho em saúde: o caso de Betim, Minas Gerais, Brasil. Cad Saúde Pública [Internet]. 1999 Apr [cited 2014 Aug 12];15(2):345-353. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X1999000200019&lng=pt. http://dx.doi.org/10.1590/S0102-311X1999000200019.

6. Minayo MCS (org.). Pesquisa Social: Teoria, método e criatividade. 25th ed. Rio de Janeiro: Editora Vozes, 2007.

7. Gil AC. Como elaborar projetos de pesquisa. 5th ed. São Paulo: Atlas; 2010.

8. Turato ER. Tratado da metodologia da pesquisa clínico-qualitativa. Petrópolis. Vozes; 2003.

9. Triviños AN. Introdução à pesquisa em ciências sociais. São Paulo: Atlas; 1987.

10. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.

11. Triviños AN. Introdução à pesquisa em ciências sociais. São Paulo: Atlas; 1987.

12. Gomes MCPA, Pinheiro R. Acolhimento e vínculo: práticas de integralidade na gestão do cuidado em saúde em grandes centros urbanos. Interface (Botucatu) [Internet]. 2005 Aug [cited 2014 Aug 12];9(17):287-301. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832005000200006&lng=pt. http://dx.doi.org/10.1590/S1414-32832005000200006.

13. Tesser CD, Poli Neto P, Campos GW Sousa. Acolhimento e (des)medicalização social: um desafio para as equipes de saúde da família. Ciênc saúde coletiva [Internet]. 2010 Nov [cited 2014 Aug 12];15(Suppl 3):3615-24. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000900036&lng=pt. http://dx.doi.org/10.1590/S1413-81232010000900036.

14. Schneider DG, Manschein AMM, Ausen MAB, Martins Josiane Jesus, Albuquerque GL de. Acolhimento ao paciente e familia na unidade coronariana. Texto contexto - enferm [Internet]. 2008 Mar [cited 2014 Aug 12];17(1):81-89. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000100009&lng=pt. http://dx.doi.org/10.1590/S0104-07072008000100009.

15. Mitre SM, Andrade EIG, Cotta RMM. Avanços e desafios do acolhimento na operacionalização e qualificação do Sistema Único de Saúde na Atenção Primária: um resgate da produção bibliográfica do Brasil. Ciênc saúde coletiva [Internet]. 2012 Aug [cited 2014 Aug 12];17(8):2071-2085. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012000800018&lng=pt. http://dx.doi.org/10.1590/S1413-81232012000800018.

16. Mendes RNS. Humanização e acolhimento: uma revisão sistemática de literatura sobre a assistência no Sistema Único de saúde (Monografia). Fundação Oswaldo Cruz. Recife; 2010.

17. Simões ALA, Rodrigues FR, Tavares DMS, Rodrigues Leiner R. Humanização na saúde: enfoque na atenção primária. Texto contexto - enferm [Internet]. 2007 Sept [cited 2014 Aug 12];16(3):439-444. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072007000300009&lng=pt. http://dx.doi.org/10.1590/S0104-07072007000300009.

18. Silva LMV, Esperidião MA, Viana SV, Alves VS, Lemos DV Silva, Caputo MC *et al*. Avaliação da implantação de programa voltado para melhoria da acessibilidade e humanização do acolhimento aos usuários na rede básica: Salvador, 2005-2008. Rev Bras Saude Mater Infant [Internet]. 2010 Nov [cited 2014 Aug 12];10(Suppl 1):s131-s143. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292010000500012&lng=pt. http://dx.doi.org/10.1590/S1519-38292010000500012.

19. Barros DM, Sá MC. O processo de trabalho em saúde e a produção do cuidado em uma unidade de saúde da família: limites ao acolhimento e reflexos no serviço de emergência. Ciênc saúde coletiva [Internet]. 2010 Aug [cited 2014 Aug 12];15(5):2473-2482. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000500022&lng=pt. http://dx.doi.org/10.1590/S1413-81232010000500022.

20. Carvalho TH, BLR. Oficinas de formação de profissionais da equipe saúde da família para a gestão do acolhimento com classificação de risco. Cienc enferm [Internet]. 2010 Aug [cited 2014 Aug 12];16(2):107-113. Available from: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532010000200011&lng=es. http://dx.doi.org/10.4067/S0717-95532010000200011.

21. Fuzissaki, MA; Clapis, MJ; Bastos, MAR. Consolidation of the national policy of permanent education: an integrative review. J Nurs UFPE on line [Internet]. 2014 [cited Apr 2014];8(4):1011-20. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3785/pdf_4936

22. Silva LAA, Franco GP, Leite MT, Pinno C, Lima VML, Saraiva N. Concepções educativas que permeiam os planos regionais de educação permanente em saúde. Texto contexto - enferm [Internet]. 2011 June [cited 2014 Aug 12];20(2):340-348. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000200017&lng=pt. http://dx.doi.org/10.1590/S0104-07072011000200017.

Submission: 2014/04/27
Accepted: 2015/04/10
Publishing: 2015/05/01

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