



CONCEPTS AND PRACTICES FOR HOSTING PRESENTED BY NURSING IN THE CONTEXT OF PRIMARY HEALTH CARE

CONCEPÇÕES E PRÁTICAS DE ACOLHIMENTO APRESENTADAS PELA ENFERMAGEM NO CONTEXTO DA ATENÇÃO BÁSICA À SAÚDE

CONCEPTOS Y PRÁCTICAS PARA LA ACOGIDA PRESENTADOS POR LA ENFERMERÍA EN EL CONTEXTO DE LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: analyzing the scientific production of Brazilian nursing about the conception and host practice in primary health care. **Method:** an integrative review from question << What is the concept and practice of host in primary health care presented by the Brazilian nursing? >>. The search was conducted between July and September 2012, in Medline, Lilacs, BDENF and SciELO virtual library, with the descriptors "nursing", "host", "nurse" and "user embracement". **Results:** applied the inclusion and exclusion criteria, and after reading, rereading and analysis, it resulted in 12 articles. Studies have shown that host is designed by nursing as one more activity to be performed, either as a professional posture or humanization strategy that is constituted as an important and necessary guideline for the user's appreciation, as human being endowed with subjectivity. In the identified hosting practices prevail pre-evaluation, reception, organization of access, qualified listening, committed to the complaints of users, attention, eye contact, warmth, conversation, respect, guidance and risk assessment. **Conclusion:** the implementation of the hosting guideline is a powerful instrument of humanization of health care. Descriptors: Host; Nursing; Primary Health Care.

RESUMO

Objetivo: analisar a produção científica da enfermagem brasileira sobre concepção e prática de acolhimento na atenção básica à saúde. **Método:** revisão integrativa a partir da questão << Qual a concepção e prática de acolhimento na atenção básica à saúde apresentada pela enfermagem brasileira? >>. A busca foi realizada entre os meses de julho e setembro de 2012, nas bases de dados Medline, Lilacs, BDENF e biblioteca virtual SciELO, com os descritores "Enfermagem", "acolhimento", "nursing" e "user embracement". **Resultados:** aplicados os critérios de inclusão e exclusão, e após a leitura, releitura e análise, resultaram 12 artigos. Os estudos mostraram que o acolhimento é concebido pela enfermagem ora como mais uma atividade a ser desempenhada, ora como uma postura profissional ou estratégia de humanização que se constitui como uma diretriz importante e necessária para a valorização do usuário, enquanto ser humano dotado de subjetividades. Nas práticas de acolhimento identificadas prevalecem a pré-avaliação, recepção, organização do acesso, escuta qualificada, comprometida com as queixas dos usuários, atenção, contato visual, cordialidade, conversa, respeito, orientações e avaliação de risco. **Conclusão:** a implantação da diretriz do acolhimento é um potente instrumento de humanização da atenção à saúde. **Descritores:** Acolhimento; Enfermagem; Atenção Básica à Saúde.

RESUMEN

Objetivo: analizar la producción científica de la enfermería brasileña acerca de la concepción y la práctica de acogida en la atención primaria de salud. **Método:** una revisión integrativa de la cuestión << ¿Cuál es el concepto y la práctica de la acogida en la atención primaria presentada por la enfermería brasileña? >>. La búsqueda se realizó entre julio y septiembre de 2012, en Medline, Lilacs, BDENF y SciELO biblioteca virtual, con los descriptores "enfermería", "acogida", "enfermero" y "bienvenida". **Resultados:** aplicados los criterios de inclusión y exclusión, y después de leer, releer y analizar, dieron como resultado 12 artículos. Los estudios han demostrado que la acogida está diseñada por la enfermería o como otra de las actividades a realizar, ya sea como una postura profesional o estrategia de humanización que se constituye como una pauta importante y necesaria para la apreciación del usuario, como seres humanos dotados de subjetividades. Las prácticas de acogida identificadas prevalecen la pre-evaluación, recepción, organización del acceso, la escucha cualificada, comprometida con las quejas de los usuarios, la atención, el contacto visual, la calidez, la conversación, el respeto, la orientación y evaluación de riesgos. **Conclusión:** la aplicación de la directriz de acogida es un poderoso instrumento de humanización de la atención a la salud. **Descriptor:** Acogida; Enfermería; Atención Primaria de Salud.

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INTRODUCTION

Host as technical care action and instrument to improve the meet between user-professional-service should be part of professional practice, individual or team, especially in primary care. The Primary Care has a structural and organizational character of the Unified Health System (SUS) and coordinator of care and completeness in its various aspects. While ordering the care networks, it is understood as changes in production space in the health system, articulating element of care, which still presents an enormous challenge to SUS.

Nursing is a professional category engaged in basic health care and so it must have concepts and practices of care that promote complete care for human beings.

In the analysis, it considers that investment around the redefinition of health practices and social relations within the system only occurred more recently. The realization of this scenario has reinforced the discussion about the recovery of ethics in the care and recovery of relational and subjective dimensions of health practices.¹

The National Primary Care Policy² defines the characteristics of the work process of the teams and common allocations to all professionals, among them join host users performing qualified hearing health needs, proceeding to the first assessment (risk classification, vulnerability assessment, information collection and clinical signs) and identification of care interventions needs, providing humane care, taking responsibility for continuity of care and enabling the establishment of the link.

The host is presented as a possible reorganization of health services in the execution perspective of the principles of the SUS and Primary Care.

Primary care, to be definite, must have both enhanced listening ability (and analysis) as a playlist, an expanded scope of offerings to deal with the complexity of sufferings, illnesses, demands and health needs which teams are constantly exposed. Paradoxically, here lies the challenge and the beauty of working in primary care and at the same time, some keys to its effectiveness and legitimacy in society. In this context, the "host" is a theme that presents with high relevance and centrality.³

It is argued that the host as the guideline work ethic-health policy must go beyond understanding this as mere instrument organizer of health practices.

The host as posture and practice of the actions of care and management in health facilities, from the analysis of work processes, favors building relations of trust and commitment between the teams and services.⁴

In a study⁵ it addresses the host and the changes in the nursing work process in basic units, the authors share the notion of interchange space, with meeting and negotiation between workers and users, and place the host as a specific mode date.

The term *intersectors*⁶ is brought from Talks Deleuze's work that is used to designate what is produced in the relationship between "subjects" in their intersection space, being a product that exist for both in act and has no existence without the time process regarding, and in which the interlocutors appear as establishers of a quest for new processes.

These intercessors processes - as the host - are attributes of a clinical practice performed by any employee in health, and focus them analytically to create the possibility of thinking the micro of the work process and its implications in the design of certain models of care, the consent to think about the institutional processes through which circulates the live work in health, exposing their private course of action to a public debate within the collective of workers, based on a user-centered perspective.⁷

Nursing practices involves a relationship between subject, the caregiver and the cared for, and even divided socially, constitute around the pay role in health care from the individual and collective needs. The host is part of that care production process, being run by a group of health workers in the pursuit of that goal. In this sense, it specifies the study in nursing engaged in primary care as a promoter of changes in health practices element at this level of assistance. This review is justified in that it provides an overview of the publications about the subject, extending the dissemination of investment on research and making the results of research more accessible. This integrative review aims to:

- **Analyzing the scientific production of Brazilian nursing about the conception and host practice in primary health care.**

METHOD

This is an integrative review, a research method that allows the synthesis of multiple studies published and provides general conclusions about a particular area of study.⁸ It consists in building a comprehensive

literature analysis, contributing to discussions about methods and research findings, as well as reflections on conducting future studies.⁸

For the construction of this study, steps were followed: theme of identifying and guiding question, establishing the criteria for selection of studies, definition of information that has been extracted from selected studies and categorization thereof, evaluation of studies included in the review, interpretation of results and finally the presentation of the integrative review.⁸

The search for the studies was carried out from the question << **What is the concept and practice of care in primary care presented by Brazilian nursing?** >> Between July and September 2012 in MEDLINE (Medical Literature Analysis and Retrieval System Online), LILACS (Latin American and Caribbean Health Sciences) BDENF (Nursing Database) and virtual library SciELO (Scientific Electronic Library Online).

The exact descriptors used were "host" and "nursing", combined with the Boolean operator contained in DeCS (Descriptors in Health Sciences) vocabulary, and MeSH (Medical Subject Headings) the terms "user embracement" AND "nurse".

The criteria for selecting studies were indexed studies in electronic databases previously set available in full that addressed the issue of nursing care in primary care, from 2003 to 2012. This period was chosen with a view to publication of the National Humanization Policy in 2004 when there were excluded from previous studies to 2003, literature review articles and that did not fit the theme. The analysis was performed in a descriptive way in which we proceeded data categorization in accordance with the object and purpose of the integrative review.

RESULTS

The initial search found 267 studies, of that total, 136 in the base LILACS, 90 in BDENF, 40 in SciELO, 01 in PubMed and none in the MEDLINE database. Applied the criteria for inclusion/ exclusion, we filter the repeated and thus reached a total of 44 studies. After reading, re-reading and analysis of these studies found, 20 were selected. However, only 12 studies answered the guiding questions of this work, these formed the final sample of this integrative review (Figure 1).

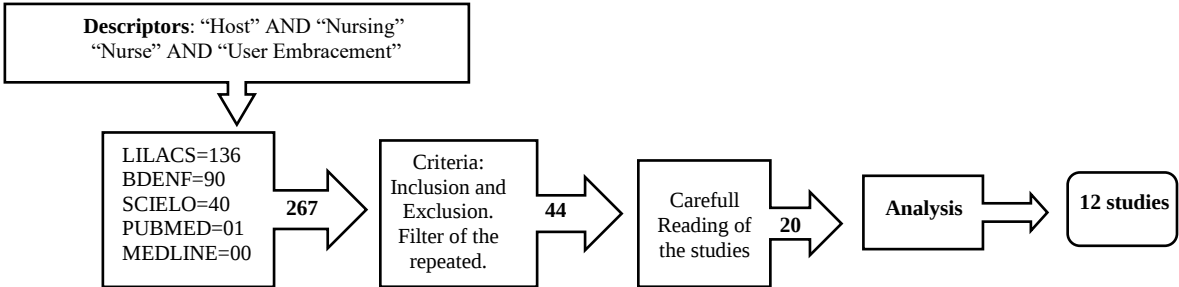


Figure 1. Initial search in the databases through the combination of descriptors.

Based on a form as a data collection instrument, we extracted the following information from the studies: identification (title, author (s), journal, year of publication), objectives of the studies,

methodological design (type, subject, scenery), main results/conclusions of studies, designs and nursing practices presented at the reception in the context of primary health care in Brazil.

Code	Title	Author(s)	Journal/Year
1	The reception at work in family health: a qualitative study.	Cardoso LS, Vaz-Cezar MR, Costa VZ, Soares JFS.	CuidArte Enfermagem/2009
2	Host in the Family Health Program: a way to humanization of health care.	Silveira MFA, Felix LG, Araújo DV, Silva IC.	Cogitare Enfermagem/2004
3	The host in the context of the Family Health Strategy.	Damasceno RF, Sousa LPS, Ruas MFL, Brito PA, Silva EA, Silva JLS.	J Health Sci Inst. /2012
4	Host device humanization: user and health worker perception.	Falk MLR, Falk JW, Oliveira FA, Motta MS.	Revista APS/2010
5	Paying attention to the singularities in health care by means of dialogue and host.	Pereira AD, Freitas HMB, Ferreira CLL, Marchiori MRCT, Souza MHT, Backes DS.	Revista Gaúcha de Enfermagem/2010
6	Host in daily life of nursing assistants in Family Health Units, Londrina (PR).	Nery SR, Nunes EFPA, Carvalho BG, Melchior R, Baduy RS, Lima JVC.	Ciência & Saúde Coletiva/ 2009
7	Contribution of the strategy Integrated Management of Childhood Illnesses to host children under five years old.	Pina JC, Mello DF, Mishima SM, LunardeloSR.	Acta Paulista de Enfermagem/2009
8	Host: concepts, implications in the work process and health care.	Oliveira LML, Tunin ASM, Silva FC.	Revista APS/2008
9	Host: concept of nursing assistants and perception of users in a Family Health Unit.	Pinafo E, Lima JVC, Baduy RS.	Revista Espaço para a Saúde/2008
10	The host from the perspective of professionals of the family health team.	Freire LAM, Storino LP, Horta NC, Magalhães RP, Lima T.	REME - Revista Mineira de Enfermagem/2008
11	Host and transformations in the process of nursing work in basic health units of Campinas, São Paulo, Brazil.	Takemoto MLS, Silva EM.	Caderno de Saúde Pública/2007
12	Description and analysis of host: a contribution to the family health program.	Fracolli LA, Zoboli ELCP.	RevEscEnferm USP/2004

Figure 2. Studies about host of nursing in the context of the Basic Attention.

DISCUSSION

♦ Characterization of the studies

The 12 studies analyzed are shown in Figure 2, and shows that publications are well distributed among the journals, the Primary Health magazine being that published two articles. The largest number of publications occurred in 2008 and 2009 with three publications each year, followed by two publications in 2004 and 2010. Six studies were published in journals specific to nursing and six were from public health journals/collective, which show the interest in the area goes beyond the specific field of nursing and awakens interest in other health-related journals.

In Figure 3, we present the objectives, the methodological design and the level of evidence of the studies that make up this integrative review. In relation to the objectives of the studies, we found that most studies have sought to identify actions and host practices understand meanings and concepts of professionals about the same, which shows a concern of researchers to investigate this issue.

Regarding the methodological design, this review showed that all the studies used the qualitative research, and the most commonly used methods were the exploratory and

descriptive, with the use of observation and interview techniques. Of these studies, four used the exploratory method, three used the descriptive method, two used focus groups, and ethnographic and phenomenological methods were used in one study each. Regarding the information production techniques, three studies applied the interview alone and four studies used the interview together with the technique of observation. Two studies used the remark associated with other techniques for the production of information, one of them through the continuing education process or focus group. Only one study used application questionnaire and a study made workshop use as information gathering technique.

Concerning the levels of evidence, studies show that the qualitative approach has gradually become a way for the development of nursing knowledge in the movement of evidence-based practice; thus nursing scholars developed a classification that includes studies with quantitative and qualitative approaches, with which we classify the level of evidence from selected studies and we present below.

The hierarchical classification of evidence for the evaluation of research or other information sources is based on the categorization of the Agency for Healthcare Research and Quality (AHRQ) of the United

States of America. The quality of the evidence is classified into six levels, namely: level I, of multiple controlled studies meta-analysis; level II, individual study with experimental design; level III study with quasi-experimental design to study without randomization with one group pre and post test, time series or case-control; level IV study with a non-experimental design as correlational descriptive and qualitative research or case studies; level V, report cases or data obtained systematically, verifiable quality or program evaluation data; level VI, opinion of respected authorities based on clinical expertise or opinion of expert committees, including information not interpretations based on research; regulatory or legal opinions.

Nº	Objectives	Methodological Design	Evidence level
1	Identifying the actions, the directors, the aims, the locations and different times in the process of work in SF, in which the host, through the narrative of workers nurses.	Qualitative, exploratory, descriptive and analytical, cross. Interview Subjects: 17 nurses.	IV
2	Identifying the design to the professionals of the FHP have, describe how these professionals practice, identifying the favorable and unfavorable conditions for the consolidation of a culture of humanization in the FHP.	Qualitative research with ethnographic method. Workshop. Subjects: 11 professionals, being (2) nurses, (2) nursing assistants and (7) community health workers.	IV
3	Understanding the meaning of welcoming to users and health professionals of the Basic Health Unit (BHU).	Qualitative research with phenomenological approach. Interview. Subjects: 14 users, three doctors, two nurses, two nursing technicians, four social workers and ten Community Health Agents.	IV
4	Recognizing the meaning of welcoming to users and workers, what they considered more important and what users were searching for the same.	Descriptive and exploratory research. Questionnaire. Subjects: 89 users and 10 workers of the nursing staff who worked in host.	IV
5	Understanding how health workers stand in front of their main job object - the user - subject and author of their life story.	Qualitative, exploratory research. Interview and Observation. Subjects: 11 nursing professionals.	IV
6	Analyzing the understanding of nursing assistants about the daily practice of family health teams, how to host adoption as technology in relation with the user and community.	Qualitative research, using the technique of focus group. Subjects: nine nursing assistants who worked in FHU.	IV
7	Describing the host held by nursing professionals at children under five years of age in a FHU to rethink health practices and the contributions of the IMCI strategy in the basic attention to health of the child.	Type: a descriptive study, through participant observation and Permanent Education. Subjects: a nurse, two nursing assistants and 30 children who sought care not scheduled at FHU.	IV
8	Identifying the conceptions of professionals about the meaning and the implications of this practice in the process of work and health care provided.	Type: qualitative study. Interview and observation. Subjects: 15 workers: Doctors, Nurses, Social Workers, Auxiliary Nursing and Community Health Agents.	IV
9	Identifying the design of nursing assistants in relation to the reception and describing the perception of how users are hosted on BHU.	Type: qualitative research using focus group and observation as a technique for data collection. Subject: Nursing Assistants and BHU users.	IV
10	Reporting the perception that the FHS professionals have about this health centre, the host and enabling the perception about host practices performed in this health service production unit.	Type: qualitative study with interview. Subjects: 15 subjects, including the manager, four nurses, three doctors and seven nursing assistants.	IV
11	Reporting changes in the work of nursing with the incorporation of the host in the process of implementation of the Paideia Project of family health in Campinas Municipal Health.	Type: qualitative research with participant observation and semi-structured interviews. Subjects: 4 Nursing Assistants, 7 Nurses and 4 Coordinators (including 3 Nurses and 1 Dentist).	IV
12	Identifying how is the "host" in the family health units in São Paulo.	Type: historical and dialectical materialism with observation and interview. Subjects: professionals (doctors, nurses, nursing assistants and Community Health	IV

Agents) who worked in the realization of host at these FHU during the period when the survey was conducted.

Figure 3. Description of studies regarding their goals, methodological design and level of evidence.

Concepts and Practices of Host

Nº	Concepts	Practices
1	Organization and work process instrument. The host permeates all actions and relationships, dynamically and continuously.	Conversations, interrelationships during consultations, at the reception, in times of meeting.
2	Welcome, listen to the user, pay attention, understand and become close. Nurses associate the host to room-in-waiting, a physical space, an activity.	A living-room activity.
3	Careful listening, a humanized way to receive the user through listening, conversation and attempt to solve the problems presented.	Humanized reception, with careful listening and conversation.
4	The meaning of the host for professionals was the resolution, through referral to other professionals and agility, related to problem solving. But also they associate with individuality and listening.	Pre-assessment, referral, guidance.
5	Listening, listen to the patient. Promotion of decent and human environment.	Listening, guidance, referrals.
6	Receiving humane, good service, empathic attitude.	Welcome, demonstrate warmth, attention, respect (call by name, greet, guide, talk, for example).
7	Humanized reception, with decent and welcoming atmosphere.	Committed listening, eye contact, interest in the complaint, risk assessment, guidance, case discussion, treatment.
8	Welcoming the user. Gateway service, with screening for the doctor. But it is also designed as an "open door to listen, gives voice to the other," "meet the demands," "gives answers".	Reception, screening, listening and intervention.
9	Entertaining well, greet, be polite, pay attention, seek to serve as a whole, comprehensive care, and be responsible for the person.	Receiving activity, screening, listening, case discussion. Access organization.
10	Strategy, mechanism and tool to humanize the service, professional and user relationship. Welcoming attitude and committed.	Screening of cases, listening.
11	Guarantee access to the reception units and humanizing it. Organizing element.	Activity as reception, screening, listening to complaints.
12	Strategy to expand access.	Receiving activity, screening, listening, consultation, referral.

Figure 4. Description of studies about the conceptions and practices of host.

In one study⁹ realize that the host happens at all times of the work process. Among the work actions developed in the Family Health Units (FHU) to welcome customers, it stands out even if the host is not experienced at specific times of the labor process, but fully lived in the context of different actions/interventions, as an organizational tool and operational work in the FHS⁹.

Similar understandings are affirmed by other authors^{5,10} that the host is not necessarily an activity in himself, but contents of all care activities, consisting in constant search of a growing recognition of the health needs of users and the possible forms to satisfy them.

Analyzed in the study, the authors identified¹¹ that the reception is more like an activity to be performed by practitioners and nurses, while acknowledging the importance that the host is to conquer the user, still associate their practice to the waiting room. Implicitly demonstrating that, for them, the

host should be practiced as another activity, a room inside the unit, restricting only to the moment of transfer of information to the user.¹¹

In another study¹² it was considered, from the speeches of the research subjects that they comprise the reception held at BHU as a humane way to get you through listening, conversation and try to solve the problems presented. This study is also suggested the creation of a suitable environment to host that allows an individualized care and therefore more humane. This study¹² suggests the creation of a reserved space and equipped for the reception, confirming the authors¹³ which also allude to the need to implement the physical space from the point of view of ambience, so as to promote a welcoming atmosphere.

In research by other authors¹⁴, involving ten employees of the nursing staff as well as users of the service, problem solving was the most important and indispensable factor in the

host, followed by referral to other professionals and agility. Regarding the host practices, professionals report the pre-assessment, referral and guidance, featuring a host of design as an activity or procedure. The authors state that any assistance humanization project for the sake of a better relationship team-user must be linked to changes in the managerial and organizational aspects of health services, as well as the physical structures in order to articulate technological advances and host, best working conditions and communication processes.¹⁴

Similar design was found and the authors¹⁵ showed that the host is understood both as an activity whose terminal illness is a medical consultation, which expresses a reduced sense of host as a way to organize the provision of medical service, and as the act of receiving and the user, guaranteeing the right to health. Findings of this kind bring up the debate on the proper relationship between health practices and care model. In this case what is observed is that the logic of production of services is oriented in a doctor-centered conception based essentially on healing and guided by fragmented procedures, acts in mechanized health and a technical assistance.¹⁵ There were also identified conceptions about host while humanizing service, reporting humanization as a "well treat the user", which shows a difficulty in understanding the host as part and intrinsic health work process.

Conceiving host as an activity whose purpose is a medical consultation practice direct accordingly, ie, receiving, screening, listening and intervention. Since the latter part of every professional working process/health worker, and are expressions of the host as intercessors processes, dialogue with other authors^{6-7,10,13} discussing this topic.

In an exploratory¹⁶ research conducted in a health care facility there were observed and interviewed 11 nurses, to understand how these professionals are positioned facing the user, and one of the emerging themes was dialogue and welcoming as interactive possibilities. The professionals are playing a significant role in the care of the environment, promoting dignified and human environments, committed to the life of the human being, the appreciation of the relationship and subjective interactions, but noted that the unit receives partly hear users when they do not can be met, make the necessary referrals, but falls short in some aspects, such as access, the resolution and the bond of relationship and dialogue.¹⁶

Using the technique of focus groups, a study¹⁷ was developed with nursing assistants which claim that there is a predisposition of these professionals in practice the host in their daily lives, being necessary reflections and modifications of the work process, including a study on the numerical adequacy of nursing assistants existing in the Family Health Units, so that the host becomes viable. The views that emerged in the study indicate the host as a humane reception, good service, and practices are geared to a professional posture when receiving the user, showing warmth, attention and respect, calling him by name, directing, talking and seeking to meet their needs.

Given these findings, we agree with studies⁵ who understand that these views are not mutually exclusive, the fact that the host constitute an 'activity' offered by the unit does not prevent the establishment of a friendly relationship in all areas and stages of production health services. This perspective corroborates another study¹⁸ which shows three dimensions of care: how to posture as a technique and as a principle of organization services.

In another study¹⁹ there was conducted focus group identified the conceptions of nursing assistants in relation to host, reporting that the meaning given is welcoming you, greet, be polite, kind, offer a good service, give special attention seeking answering machine it as a whole, developing a comprehensive care and taking responsibility for the health of the person being served. These authors¹⁹ conceive that the practices of nursing assistants reveal the design of the same on the host, showing us that the care provided to the user will be held warmly starting from a consideration of what host is.

A study²⁰ conducted in a family health unit described the reception held by nursing professionals to children under five years old and that the practice was higher in the evaluation of the child, identified the priorities and other health problems in addition to the original complaint also guidelines and case discussions by the team were held. The host is designed more as a technical action performed by professionals, and suggests the adoption of a reserved and equipped space, thus dialoguing with other studies.¹²⁻¹³

In reporting experience, the authors²¹ found that professionals point to the host as strategy, mechanism or tool to humanize the relationship between service, health professionals and users, however in the interviews, the host corresponded to triage

cases. To enable quality care, professionals need to analyze the speech of the patient taking into account the entirety of that individual. Consideration should be given to health promotion that one goes beyond his immediate complaints.²¹ The study subjects stated that nurses and nursing assistants would be best suited to perform the reception; however, it was the most significant view that all staff should be involved in the act of receiving; also in this study²¹ the issue of physical space to perform the host was raised.

The host is repressed by the absence of basic conditions and the physical configuration and how the gaps in health facilities are distributed provide exposure and constitute an obstacle to host.²² However, reflect that as a device of a humanization policy health services, the host translates human action to recognize the subjective dimension of the human being, considering it as a historical, social and cultural subject. Therefore, this strategy aims to overcome the technical and operational limits of a scheduled activity and pluck the spheres of ethical values.²²

Host is not a space or a place, more ethical, does not require time or specific professional to do it implies sharing knowledge, needs, possibilities, anguish and inventions. Thus does differentiate screening because it is not a process step, but as action that should occur in all places and times of the health service. Put into action the host as operational directive requires a new change of attitude into healthcare.²³

A research performed⁵ in five health centers conceptions that emerged in the study were predominantly the host as a guarantee of access to the reception units and humanizing it. In one study unit, the host appeared as an attitude towards the needs of users at all times against.⁵ It may therefore be regarded as no more than a new "procedure" reception, but failed to trigger new positions or be configured as an analysis and management device.⁵

A study²⁴ seeking to describe how the host develops and is designed in the Family Health Units of the city of São Paulo, showed that FHU studied consider the host as a strategy to expand the population's access to health services. They could have given any other name for this action (reception, screening, etc.), yet the styling show host who would like to operate under a different logic from the user. The authors²⁴ warn that we need to rethink the "host" in its theoretical and practical aspects, so that it can effectively constitute a practical able to establish a

health model of "open door" according to the guidelines of SUS.

The host involves an interest, an ethical and care, human openness, empathic and respectful to the user, but at the same time implies assessment of risks and vulnerabilities, priorities election, perceived clinical-biological, epidemiological and psychosocial, which they need to be considered.²⁵

A host of deployment experience was carried out in family health unit where it was found that, from this process, the team has sought to reflect on the service organization for the production of care and own work process, individual and collective.²⁶

FINAL NOTES

We realized that there is much to move towards the establishment of a primary care-centered subject. The analyzed studies show us that the host is designed for nursing or as another activity to be performed, either by a specific professional category or by the whole team, both as a professional posture or services humanization strategy.

The host constitutes an important and necessary guideline for the user's appreciation, as human beings endowed with subjectivity, and that the service and practitioners must understand it in their needs, practices are not consistent with the concepts and strengthen the model centered care in complaints, behaviors and diseases; Also there are still difficulties in understanding the host and in health facilities where there is already a proposal to host as a deployed service organization principle, the pursuit nursing qualify listening, gives solving the cases and a position of greater responsibility with users.

In some studies analyzed, the concept of hosting is more related to demand organizational sense and there is concern for the environment where it performs the host. Thus, the practice is also facing a more humane reception to broaden access, a screening acute and resoluteness.

The practice of the host is limited to a pre-assessment, screening, reception, "welcoming the user" and the organization of access. But it is also evident concern for an attentive listening, careful and committed to the complaints of users, the organization of access to the service and attention, eye contact, warmth, conversation, respect, guidance and risk assessment, showing that the implementation of the hosting policy can and should become a powerful instrument of humanization of health care.

Even with an increase in the number of publications on the subject of care in primary care, especially after the publication of the National Humanization Policy in 2004, it is necessary to carry out research in nursing to discuss and reflect on the subject; it is also important that the educational institutions seek to strengthen discussions on the nursing work process in primary care, because, despite nursing have acquired greater autonomy at this level of assistance, practices are still doctor-centered and focused on the disease.

Through this integrative review it was possible to understand the role of nursing before the host in primary care and provide insights for future studies. This study brings a broader view about the nursing host in primary care and provides an overview of the Brazilian production about the theme raised.

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