**BOOK REVIEW ARTICLE**

**HUMANIZATION IN THE FAMILY HEALTH STRATEGY**

**HUMANIZAÇÃO NA ESTRATÉGIA SAÚDE DA FAMÍLIA**

**HUMANIZACIÓN EN LA ESTRATEGIA DE SALUD DE LA FAMILIA**

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The book << Humanization in the family health strategy >> 1st Edition, 240 pages, published in 2014 by Editora Yendis, São Caetano do Sul/São Paulo; authoring by Rosana Lúcia Alves de Vilar, nurse, master and doctor in Social Sciences by the Postgraduate Program in Social Sciences at the Federal University of Rio Grande do Norte (UFRN), Member of the Core of Studies in Collective Health and researcher of the Observatory of Human Resources in Health of UFRN.

The work is directed to healthcare professionals interested in learning more about the National Policy of Humanization (HNP) in the Family Health Strategy (FHS); constituting, therefore, in a major initiative to evaluate the advances and difficulties of the Single Health System (SUS), in particular the FHS. In addition, it adopts as theoretical reference Boaventura de Sousa Santos along with some classical thinkers, among them Marcel Maus.

In the course of the work, the author discusses the changes that have been taking place since 1988 in the public health sector policies in their paradigmatic and organizational levels, in contrast to the profiles of neoliberal policies in the world, that have strong mercantilist and utilitarian features. That's because health policy project in Brazil brings an expanded concept of health, with regard to the quality of life and citizenship, and organizationally, proposes the SUS non marketing, based on the principles of universality, equity and comprehensiveness, and non-centralized guidelines and democratic. To the level of the basic attention, it is being proposed to the Family Health Strategy, aiming at a reorientation of the health care model, based on promotional, preventive, curative and rehabilitative actions.

The author, based on the theoretical framework of Santos, seeks for other ways of understanding the contemporary context, dividing it into three meta-sociological procedures: the sociology of absences, where latent experiences in this become visible, the sociology of emergencies, which makes a symbolic extension of these experiences, and the translation work, which complements that vision, giving new meanings to these experiences, opening other dialogues and different alternatives of the dominant models.

In addition, it analyses the meaning of humanization in National Health Policy, which is linked to the production of care (promotion, protection and recovery of health), working conditions and the form of management of the service. Another aspect of humanization is recognized as entitled to citizenship and its relation with solidarity, permeating the relationships among users, health professionals and managers.

The Family Health Strategy is also discussed by the author, who seeks to analyze the reflections of humanization policy in the municipality of Natal, more precisely, in the work process of the Family Health Strategy, addressing historical and conceptual aspects in line with the policy of humanization and with the SUS. Data collection of the author's
doctoral thesis, which has this work as a result, it was held in some Family Health Units during field work and then were designed cartographic maps of these units in accordance with the following analytical categories: access, user flow on unit, host, ambience, actions and forms of management. After that, there was the reflection of the model of attention of FHS, emphasizing the principles of the SUS, the actions of health promotion and prevention of risks and harms, the family focus and not individual, and the integration with the community.

As a result of data collection and analysis, the work exposes the visions and experiences of health professionals and users in relation to the humanization in daily work, which acquired several aspects linked to working conditions, to the attitude of professionals, and to the organization of work and to the ambience.

It is worth mentioning that the author makes a reflection about the HNP, which has contributed to a more inclusive, welcoming, resolutive and democratic SUS, opposed to neo-liberal ideals, and concludes, on the basis of the evidence mapped, several questions about the humanization in the FHS, such as: deficiencies in ambience and the welcoming of users; limitations on user access both on FHS regarding the secondary level; disproportionality between the population and the health team, with respect to the number of inhabitants, generating workload; and little participative management.

It is essential to emphasize that in the basic attention there are developed complex actions with regard to the sanitary responsibility of the territory and to efficaciousness of the issues presented by the adscribed population. The FHS is still a major challenge, especially with regard to performance, with responsibility of managers and health workers, ensuring the accessibility of health service user and the articulation with other social network services, confirming what was exposed by the author of the book.²

We highlight what is needed to carry out actions that allow host to the user, the creation of bond and the resolutivity of the health problems presented by the same and by the community in which it is inserted. To this end, it becomes necessary governmental investments in the infrastructure of Family Health Units, on professional qualification, and, in the process of work of health teams that must be connected to an efficient intersectoral network.

REFERENCES