



ORIGINAL ARTICLE

USERS' OPINION ON THE EMBRACEMENT IN A FAMILY HEALTH UNIT OPINIÃO DE USUÁRIOS ACERCA DO ACOLHIMENTO EM UMA UNIDADE DE SAÚDE DA FAMÍLIA

OPINIÓN DE USUÁRIOS SOBRE EL ACOGIMIENTO EN UNA UNIDAD DE SALUD DE LA FAMILIA

Anne Jaquelyne Roque Barrêto¹, Vitória Suzana Cordeiro Vasconcelos², Matheus Figueiredo Nogueira³,
Janaína von Söhsten Trigueiro⁴, Ana Cristina Oliveira Silva⁵, Maria Emília Romero de Miranda Henriques⁶

ABSTRACT

Objectives: to know the user's opinion on embracement in a family health unit (FHU) in the city of Joao Pessoa, Paraíba, Brazil; to describe, from the user's view, the organization of the service after the embracement implantation; and to identify the frailties of embracement in the FHU. **Method:** this is an exploratory-descriptive study with a qualitative approach, developed in a FHU located in the Sanitary District III of Joao Pessoa, whose sample consisted of eight users. The data collection started on October 2009, after the approval by the Ethics Comitee of Facene/Famene, under the Protocol 161/2009; after obtaining the participants' speeches through interviews, the material was analyzed having the Collective Subject Discourse technique as a basis. **Results:** the participants understand embracement as a means for guaranteeing access to the health services and problems resolution, with higher agility and quality of treatment; the qualified listening showed to be significant in the change perceived by users; and the professional qualification, the service organization, and strengthened teamwork showed to be the main frailties. **Conclusion:** the meaning of embracing needs to surpass the frontiers of the relation team/users, obliging the health professionals to develop a work process which catches a glimpse of a comprehensive and humanized care provided to users. **Descriptors:** nursing; embracement; family health program; delivery of health care.

RESUMO

Objetivos: conhecer a opinião do usuário sobre o acolhimento em uma unidade de saúde da família (USF) na cidade de João Pessoa-PB; descrever, a partir da visão do usuário, a organização do serviço após a implantação do acolhimento; e identificar as fragilidades do acolhimento na USF. **Método:** trata-se de estudo exploratório-descritivo com abordagem qualitativa, desenvolvido em uma USF localizada no Distrito Sanitário III de João Pessoa, cuja amostra constituiu-se por oito usuários. A coleta de dados foi iniciada em outubro de 2009, após a aprovação pelo Comitê de Ética da Facene/Famene, sob Protocolo n. 161/2009; após obtenção dos discursos dos participantes por meio de entrevistas, o material foi analisado com base na técnica do Discurso do Sujeito Coletivo. **Resultados:** os participantes entendem o acolhimento como recurso para a garantia de acesso aos serviços de saúde e resolução de problemas, com maior agilidade e qualidade do atendimento; a escuta qualificada evidenciou-se significativa na transformação percebida pelos usuários; e a qualificação profissional, a organização do serviço e o trabalho em equipe fortalecido apresentaram-se como principais fragilidades. **Conclusão:** o sentido de acolher precisa ultrapassar as fronteiras da relação equipe/usuários, devendo os profissionais de saúde desenvolver um processo de trabalho que vislumbre um cuidado integral e humanizado aos usuários. **Descritores:** enfermagem; acolhimento; programa saúde da família; assistência à saúde.

RESUMEN

Objetivos: conocer la opinión del usuario acerca del acogimiento en una unidad de salud de la familia (USF) en la ciudad de João Pessoa, Paraíba, Brasil; describir, desde la visión del usuario, la organización del servicio después de la implantación del acogimiento; y identificar las fragilidades del acogimiento realizado en la USF. **Método:** esto es un estudio exploratorio-descriptivo con abordaje cualitativo, desarrollado en una USF en el Distrito Sanitario III de João Pessoa, cuya muestra fue constituida por ocho usuarios. La recogida de datos tuvo inicio en octubre de 2009, después de la aprobación por el Comité de Ética de la Facene/Famene, bajo el Protocolo 161/2009; después de la obtención de los discursos de los participantes por medio de entrevistas, el material fue analizado con base en la técnica del Discurso de lo Sujeto Colectivo. **Resultados:** los participantes entienden el acogimiento como recurso para garantizar el acceso a los servicios de salud y resolución de problemas, con mayor agilidad y calidad de atendimento; la escucha cualificada se mostró significativa en la transformación percibida por los usuarios; y la cualificación profesional, la organización del servicio y el trabajo en equipo fortalecido se presentaron como las principales fragilidades. **Conclusión:** el sentido de acoger precisa superar las fronteras de la relación equipo/usuarios debiendo los profesionales de salud desarrollar un proceso de trabajo que mire un cuidado integral y humanizado a los usuarios, **Descritores:** enfermería; acogimiento; programa de salud de la familia; prestación de atención de salud.

¹Nurse. Ph.D student of the Graduate Program in Nursing of Universidade Federal da Paraíba (UFPB). Professor of da Faculdade de Enfermagem Nova Esperança/FACENE. João Pessoa (PB), Brazil. E-mail: annejaque@gmail.com; ² Nurse. Graduate from Faculdade de Enfermagem Nova Esperança/FACENE. João Pessoa (PB), Brazil. E-mail: suzana.vitoria@hotmail.com; Nurse. Master's degree in Nursing in Health Care obtained from Universidade Federal da Paraíba (UFPB). Assistant Professor I of the Nursing Course of Centro de Educação e Saúde of Universidade Federal de Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: matheusnogueira.ufcg@gmail.com; Master's degree in Nursing in Health Care obtained from Universidade Federal da Paraíba/UFPB. Assistant Professor I of the Nursing Course of Curso de Enfermagem do Centro de Educação e Saúde of Universidade Federal de Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: janavs_23@hotmail.com; ⁵ Nurse. Ph.D student of Escola de Enfermagem de Ribeirão Preto (EERP/USP). Professor of the Clinical Nursing Department of Departamento de Enfermagem Clínica pela Universidade Federal da Paraíba/UFPB and of Faculdade de Enfermagem Nova Esperança/FACENE. João Pessoa (PB), Brazil. E-mail: anacris.os@gmail.com; Nurse. Ph.D in Inter-units obtained from Universidade de São Paulo (USP). Post-Ph.D in Public Health obtained from University of Granada, Spain. Associate Professor II of the Nursing Course of Universidade Federal da Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: mmilahrenriques@yahoo.com.br

INTRODUCTION

The Family Health Strategy (FHS) constitutes itself as an entry door for the health care system in Brazil and has as its aim contributing to the redirection of the assisting model from the Basic Care (BC), according to the principles of the Unique Health System (SUS).¹ For constructing the health model in BC, it's essential to use the humanization proposal in the organization and treatment of the FHS, through the establishment of a bond between professionals/users/families, by means of holding the family health staff responsible for the resolution of the health needs identified in the community.²

For this, embracement has shown to be efficient for reversing the technical-assisting model for health, since it claims the service is organized in a way that recognizes the population needs, allowing it to tighten the bond between the user and the treatment humanization, and fulfills the strategies of SUS.

Besides contributing to improve the assistance quality, the strategies are based in the reorientation of the care towards spontaneous demand, something which leads to significant effects on the rationalization of resources, the professionals working profile, and the relations of these professionals with the users, as well as the establishment of changing processes in the population conceptions on its health needs and rights with regard to its consumption of health services to improve its own well being.³

Embracement is an operational guideline which boosts the access to the health services and, between the lines, highlights the re-signification of the relation with the user. In order to see her/him as a subject, somebody who, in a certain moment, presents her/himself with a health problem, it's crucial to realize that he/she is full of subjectivity, bringing along a cultural model, social relations, and her/his origin from a certain environment. The same way, he/she has citizenship rights, especially regarding the provision of assistance and the fulfillment of health care needs. Thus, embracement presents itself as a tool that fits only in a model driven to the user and her/his health problem.

It's worth saying that embracement, as a posture and a practice in the care and management actions in the health units favor the construction of a trust and commitment relation between the users and the staffs and services, contributing to the promotion of culture and solidarity and to the legitimating

of the public health system. It also determines the possibility of advances in the alliance between health care users, workers, and managers aiming to argue for SUS as an essential public policy of/for the Brazilian population.⁴

It's convenient to highlight here that embracement suggests transformations in the population entry door to the services, from the changes in the users reception, the consultations scheduling, and the planning for services provision, in order to include activities derived from a re-reading of the population social and health care needs.³

The health care management in the city of Joao Pessoa, Paraiba, Brazil, has defined as its strategic direction the *public health management: comprehensive and humanized care in SUS*. This way, the health care services can be based on the organization of a network of progressive health care. To guarantee the operation of this network, the organization units are pervaded by force-ideas that act as a mobilizing element for changing the work process, being among them embracement.⁵

Implemented since 2007 in the city, embracement has as its scope reorganizing the demand for services of local health, stressing the priority of assisting all the users with regard to their daily needs, with no previously scheduled time and date. Its main intention is just providing the users with opportunity, where the professionals should practice the qualified and humanized hearing, ruled by resolubility, putting the relation professional/user into parameters of justice and citizenship.

Considering embracement as an innovative method for organizing the demand for the health care service, developing this investigation is justified by the need of knowing how the user perceives this change in the treatment and whether it, in fact, brings benefits to the user. Thus, facing the significant change in the way of treating the user of SUS in the FHS, the study aimed to answer to the following question: "What is the user's view on embracement in a Family Health Unit (FHU) in the city of Joao Pessoa?"

For obtaining the answers, the following objectives were drawn:

- Knowing the user's opinion on embracement in a FHU in the city of Joao Pessoa.
- Describing, from the user's view, the organization of the service since embracement was implemented.
- Identifying the frailties of embracement in the FHU.

METHOD

This is a research with an exploratory-descriptive design and qualitative approach, developed in a FHU located in the Sanitary District III, in the city of Joao Pessoa. The setting choice is justified because this is one of the pioneering units in the implementation of embracement as a tool for organizing the treatment, which has been available for about two years.

The sample consisted of 8 users $\geq$ 18 years of age, who were conscious and informed, registered in the FHU for more than 6 months, and accepted to participate in the study through the signing of the Free and Informed Consent Term (FICT).

The data collection was carried out after the approval by the Research Ethics Committee of Faculdades de Enfermagem e Medicina Nova Esperança (Facene/Famene), under the Protocol 161/2009 and the permission of Secretaria Municipal de Saude of Joao Pessoa. Since a previous contact with the health staff and the participants in the research was established, the interviews were carried out, especially on October 2009.

The material collected was selected and analyzed having the Collective Subject

Discourse (CSD) technique as a basis.⁶ The steps for the operation of the technique were meticulously followed, i.e. the transcription of testimonies was carried out, the key expressions were identified, textualized, and grouped into six central ideas.

The development of this study was driven by the norms of Resolution 196/96, from the Brazilian National Health Council (Conselho Nacional de Saúde – CNS), which approves the guidelines and norms applicable to research involving human subjects, and Resolution 311/2007, from the Brazilian Nursing Federal Council (Conselho Federal de Enfermagem – Cofen), which approves the Code of Ethics of Nursing Professionals.⁷⁻⁸

RESULTS

Based on the participants' testimonies, named below as "U" (abbreviation selected for representing User in this research), followed by the sequence number of the interviews (1, 2, 3, 4, 5, 6, 7, and 8), six central ideas were pointed out, representing the participants' thoughts with regard to the embracement in a FHU of the city concerned. Having this identification as a basis, five figures displaying the central ideas and their respective discourses were drawn.

Central idea 1
Embracement as tool for guaranteeing access to the assistance and resolution of the health problem
CSD
<i>"For me, embracement is providing more assistance to the user, treating her/him when it is needed, giving information on something which he/she is not well-informed about nor fully aware of (U3). [...] it is a reception for treatment. When the people arrive and need something, checking blood pressure, talking to the physician (U5). [...] that is the way how many professionals help the community. How he/she is going to provide assistance to the user (U6). [...] it's just people who come, get together, and schedule exams, talk about the problem to know what is needed. All this! It is where people come and are treated (U8)."</i>

Figure 1: Central idea 1 and the collective subject discourse of the participants in the study when answering to the question "What do you think embracement is?".

In the collective subject discourse regarding the question "What do you think embracement is?", one observes as central ideal embracement as a tool for guaranteeing access to the assistance and, as a consequence, to the resolution of the health problem. This way, the guarantee of access to the health care services presents itself as one of the challenges of SUS and one should consider the ways how these services are

offered that can or cannot obstruct the entry of users who search for assistance in the public health care facilities, that is, access is the factor that intermediates the relation between offer and demand in the health care facility. It is here stressed that access is defined by many people as use of the health care service in an adequate interval for obtaining the best result out of it.⁹

Central idea 1
The importance of embracement as a strategy for reorganizing the service in order to obtain more agility and quality in the treatment
CSD
<i>"In former days it was terrible, because we waited quite long periods, and now it has changed, now everyone finds an adequate embracement, treatment comes faster. It got better, previously we were just treated before other ones who were also waiting and everything was terrible. Now, it is very organized (U1?). [...] I think embracement is feasible because when we have information which facilitates from the very beginning (U6).[...] we are treated in a nice manner, it's wonderful. It got much better, it was very helpful (U8)."</i>

Figure 2. Central idea 1 and the collective subject discourse of the participants in the study when answering to the question "What could you tell me about embracement in this FHU?".

Based on the collective subject discourse regarding the question “What could you tell me about embracement in this FHU?”, one realizes as central Idea the importance of embracement as a strategy for reorganizing the service in order to obtain more agility and quality in the treatment. It was verified that since embracement was implemented in the FHU under study, there was an advance in the service organization with regard to the decrease in the period waiting for treatment

and the increase in the quality of the assistance provided.

Embracement is widely stressed in the reorganization of the basic health care, even as a strategy to be implemented in the FHUs to assist all its users. Regardless of age, gender, skin color, and reason to search for the service, the user should be welcome in a friendly way, this is the first step to a nice understanding professional/user.^{1,4,10}

Central idea 1
Change in the treatment provided by the health care service since the implantation of embracement using the qualified hearing as a tool
CSD
<i>“They changed, I have been treated in a better way when I arrive here in welcoming (U3). [...] I think it got better for us, especially for the elderly ones it got better, I think not only for us, but for the population (U6). [...] because we arrived here and it was just a mess, we did not know which room to go, who were the doctor. Nowadays, it is not this way, people arrive and they indicate the room and the doctor (U2?). [...] The workers started hearing the patients, because it is not just getting here and scheduling the exam without knowing exactly what is going on anymore (U5).”</i>

Figure 3. Central ideal 1 and the collective subject discourse of the participants in the study when answering to the question “According to your experience, which were the main changes in the FHU after the implementation of embracement?”.

Through the collective subject discourse with regard to the question on the main changes in the FHU after the implementation of embracement, one observes that qualified hearing is pointed out as the main change realized by the users, being well-known the identification of the health needs performed by the staff working in the facility. The way

how the user is embraced can create a bond or not, since people like to be well received as, this way, they consider themselves important. The experience reveals that when the person is called by her/his name, it creates a positive impression of embracement.

Central idea 1
Implementation of embracement from teamwork strengthening
CSD
<i>“I believe it would be teamwork, [there would be] more union between the people, because selfishness has prevailed between the people, each one wants to do her/his part, each one wants to work by her/himself, each one wants to be better than the other (U2). [...] For me, the health field has to be worked out as a team, everyone has to work with love and commitment. The way it is going on now is 100% better (U5).”</i>
Central idea 2
Change in the way of treatment keeping the physician as the focus of assistance and agility in consultations and exams
CSD
<i>“I think the social assistant should come here and talk to us, first to know at once which problem the person has (U1). [...] A little bit faster. Because the bad part is just waiting, the rest is good (U4). [...] Each physician should have a X total number of files, so that limited number of files would be better than embracement (U7). [...] The scheduling of exams should be faster and I think it takes too much for us to be attended (U8).”</i>

Figure 4. Central ideas 1 and 2 and the collective subject discourse of the participants in the study when answering to the question “In your opinion, how should be the service in this FHU?”.

Having in mind the collective subject discourse with regard to the question “In your opinion, how should be the service in this FHU?”, it was observed that a central Idea is ruled by teamwork in order to improve the service provided to the user and another one points to a dissatisfaction regarding the change in the service, since the implementation of embracement, and there are comments concerning the long wait for

scheduling and performing examination and the claim that the physician should be the core of the organization in the facility.

This comment from the user with regard to the service being the priority instead of embracement depends on the health status of the individual and this phenomenon is not a particularity of the FHU, as the one who is ill wants to be assisted soon, be it in the hospitals or in other health facilities.

Central Idea 1
Lack of organization in the service for guaranteeing the comprehensiveness of care
CSD
<i>"Many of these exams take a long time to be carried out, that's just what I think. It should not take 15 days, should it? It should be a little bit faster, especially for people who, let's say, need to undertake myoma surgery! I need to undertake these examinations as soon as possible, in order to have everything alright... (U8). [...] It is so because I am a hypertensive person, hypertensive and I use relaxing medication [...] I come here to take it, the one with a little blue prescription sheet, these users are always the last ones, that's what I think. [...] Why are we the last ones? There is a priority for everything, it's alright that there're only children and the... Because there are controlled medicines, if a nervous breakdown occurs, will there be some kind of control? (U7). [...] Some difficulties are found when we need to do something, I still face some difficulty regarding it (U4)."</i>

Figure 5. Central idea 1 and the collective subject discourse of the participants in the study when answering to the question “Could you tell me which are the difficulties you have faced since the implementation of embracement?”.

According to the collective subject discourse of the participants concerning the question on the difficulties faced by the user since the implementation of embracement, one realizes that, although, user’s satisfaction is present, there is still a need for reflection on the way how the health care assistance is offered and even on embracement, which has to come from the users needs. For the interviewed ones, there’s a need for organizing the service and it has to be fast and efficient, so that it allows a comprehensive health assistance, observing the users rights and following what is recommended by SUS.

DISCUSSION

As the results indicate, it’s possible to find out that the participants see embracement as a means for guaranteeing access to the health services, as well as guaranteeing the resolution of the problems concerned. Being the guarantee of access a challenge for SUS and considering the population needs for assistance, the Health Ministry (HM) created the National Policy of Humanization (NPH) or Policy of Humanization of Attention and Management in Health Care in SUS (Humaniza SUS). One of the objectives is related to the reorganization of health services with regard to access, attention, and training of the human resources working in health care.⁴

The services reorganization is essential, having in mind the current failures in the organization of service, evinced by long waiting and postponing of consultations and exams, deficient facilities and equipments, depersonification, lack of privacy, agglomeration, lack of psychological structure and information, as well as the lack of ethics on the part of some professionals.

It is time to stress that humanization in the assistance implies political, administrative, and subjective changes, demanding a change in the user’s way of seeing – turning a passive object into an active subject; turning someone in need of charity into someone who exerts the right to be user of a service which

guarantees quality and safety, provided by responsible professionals. With this focus, embracement begins to be seen as a tool for the reorganization of the health care services aiming to increase access and technologies available in the health care facilities.

When the interviewed ones reported their opinions on embracement in the FHU, it was observed the perception of this practice as a way of reorganizing the service to obtain more agility and quality in the service. Such a claim reinforces embracement as a strategy which increases the ability of offering services in a health unit, something which can suggest the understanding of it as the creation of possibilities for reflection on the micropolitics of work process and its implications on the design of certain models of attention, allowing us to think on the institutional processes through which the effective operation in health care occurs, displaying its own way of acting to a public debate within the collective body of workers, based on a view focusing the user.¹¹

Furthermore, embracement works as a tool which causes impact on the moments in which the service constitutes its mechanisms of receiving the users, while certain modalities of work in health care focus the production of a mutual recognition of rights and duties, institutionalized by the services in accordance with certain models of health care.

Regarding the changes in the FHU after the implementation of embracement, qualified hearing has shown to be a significant change perceived by the users, being essential to meet the health care needs of users, families, and communities.

Qualified hearing as a work tool is relevant, once it should be constructed, by the team, a humanized assistance focusing the user, so that a positive response to problems is guaranteed, even if this means only welcoming, with no permanence of the user in that facility or health care network. There’s also a need for being in charge of the demand and having an ethical attitude through the

recognition of the users needs, regardless of their pathology and needs.¹²

Another need indicated by the participants in order to guarantee embracement is the existence of a strengthened teamwork, since it is essential to a feedback between the health care professionals and users. Teamwork is the basis of the process for reversing the models of health attention, in which horizontality in the relations begins to constitute the daily work as a concept that can be unfolding. It represents a process of relations to be rethought by the professionals themselves, having multiple meaningful possibilities.¹³

Based on what has been presented, teamwork assumes a leading role in the proposal of FHS as a work means, as it leads to a break in the dynamics of services focused on the physician, bringing the possibility of a more comprehensive and effective approach.¹⁴

As the issue of how the assistance in the FHU should be carried out is still under discussion, thus it's worth highlighting that in the central Idea 2 displayed in Figure 4 the participants indicate the physician must be the member of the health staff in charge of the center of health service organization, something which refutes the proposal of multiprofessional work in the health attention. It should be understood that embracement must promote the optimization of health services in the FHU, guaranteeing the users access to the health professionals and the technologies of health assistance. This way, the physician becomes another actor collaborating to this process and included into it, and he/she should be regarded as the basis of the service organization in some way.

In fact, developing team actions when in real life the professionals do not recognize the value of multidisciplinary, as well as interdisciplinarity as a starting point for a high quality assistance, it's difficult to keep the respect for the practice inherent to each profession, and to create strategies for unifying these different practices with the purpose of knowing the happiness projects of each user of the service and establishing a healthy and concrete bond between both parties involved in the health care itself. Challenge or utopia?

Regarding the difficulties faced by the users since the implementation of embracement, the need for a reorganization of the services so that the demands presented by the users are solved becomes evident. Professional training is a strategy that can strengthen the production of a comprehensive

care in the service of the FHS. Such a difficulty, resolution and agility, interferes directly on the full satisfaction of users, once, according to their understanding, the assistance provided is compromised when the professionals do not have the competences and skills required.

According to the interviews, health education is essential for the construction of care and respect with regard to the users of the FHU. An important point approached was the need for every FHU to develop a homogeneous work in the city. This deficiency was pointed out as a lack of training of some professionals to assume the function.

From this perspective, permanent health education (PHE) gets into this sphere through the recognition of the local needs and the organization of educative demands, which are determined in the work process pointing out routes and providing means for training. Under this focus, this paper is not designed as an application of knowledge, but it is seen into its socio-organizational context and resulting from the work culture itself. Thus, it is different from the lists of individual demands for training, resulting from the evaluation of each professional on what he/she doesn't know or does want to know and that, very frequently, guides the training initiatives,¹⁵ although its impact is not so significant on the resolution of the needs from the territories with regard to the health promotion, prevention, and rehabilitation.

Therefore, one stresses that the EPS theme is coming from a new policy for the training of human resources adopted by the government and it brings along the proposals and experiences, already developed, for a long time, by innovative educators who succeeded in their activities. The educators, when assuming leading roles in the HM structure, started the implementation of policies aiming to make possible an education project which took into consideration the huge structure that SUS is, regarding its consolidation, as well as its qualification, once it is possible only through the education of its human resources. This way, the idea of EPS, with a local and regional coverage, begins to take part into the health care work.¹⁶

Finally, embracement is a tool for reorganizing the health care service which has the potential to accomplish the production of a comprehensive and humanized care within the health care system. However, there's a need for the health professionals to develop a teamwork process that envisage this care. Understanding that in the health care field what is produced is something which is not

material, it has no concrete form, but it interferes directly with the people's way of life.¹⁷ So, there's a need for professionals who produce this care, above all, to guarantee the ethical assumptions of the Brazilian Sanitary Reformation.

CONCLUSION

Embracement shows to be a mechanism for the reorganization of the health service in the FHS, prioritizing the humanization in the treatment within health prevention, promotion, and restoration actions, in a comprehensive and continuous way, aiming to facilitate the user's access to a more welcoming treatment.

This way, from the speeches of users of the FHU, one identifies the responsibility, commitment, and recognition of the importance of embracement in the view of the users, as well as the participation of the multidisciplinary staff producing the interventions needed to the provision of health care to the users, the families, and the community.

The user's opinion on embracement revealed the way of health production as a result of the articulation of elements which constitute the process of welcoming, allowing, thus, to promote the staff's participation in the project of construction and operation of strategies recommended by SUS. It's desirable that the meaning of welcoming surpass the frontiers of the relation staff/users and start pervading the relations within the staff itself, being indispensable the evolution of multidisciplinary and interdisciplinarity, in order to guarantee a satisfactory treatment to the user of this service.

However, embracement emerges as part of a comprehensive initiative, in which the embracers and the embraced ones interchange their positions and knowledge all the time, as a mechanism for receiving the users, providing a high quality treatment, which requires a multidisciplinary and interdisciplinary practice. Nevertheless, PHE becomes indispensable for the construction of a care based on respect, humanization, and ethics, leading the professionals, once trained, to be aware of a different action in her/his practice, which is so affected by the selfishness of those who constitute the vast majority devaluing the human being as a citizen.

This study allowed knowing the users's opinion on embracement in a FHU. It was important for the identification of factors contributing to the optimization of health

services provision, so that the population access to this level of care is guaranteed. This appropriation is needed in order to allow the health staff to rethink its work process, always searching for an improvement in the health care, be it in the individual or collective sphere.

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Corresponding Address

Anne Jaquelyne Roque Barrêto
Faculdade de Enfermagem Nova
Esperança/FACENE
Avenida Frei Galvão, 12 – Gramame
CEP: 58067-695 – João Pessoa (PB), Brazil