64 - WELFARE IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

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INTRODUCTION

The present study is about the reception theme in Primary Care to Health. The choice of this study is due to the importance of the reception as one of the aspects of the Humanization Policy of the Unified Health System (SUS) and also by the difficulty of its implementation in Primary Care .

According to the Ministry of Health, the host establishes a concrete and trusting connection between a user or a potential user with the health team or professional, being indispensable to comply with the guiding principles of the Unified Health System (SUS) (BRASIL, 2003). The host suggests the logical inversion of the organization and operation of the health service, based on the provision of care to all those who seek it. It is based on three principles: universal accessibility, reorganization of the work process decentralizing it, for the formation of a multiprofessional team, and the qualification of the professional relationship (CAMPOS et al., 2009).

The Reception can facilitate the continuity and redefinition of the users' therapeutic projects, especially when they seek the health unit outside the appointments or scheduled activities. The host must attend and sustain the relationship between teams / services and users / populations. As a value of health practices, the reception is built collectively, happening from the reception to the consultation itself.

Reception is a practice present in all care relationships, in meetings between health workers and users, in acts of receiving and listening to people, and can occur in different ways (BRAZIL, 2011).

To implement host practices and processes to improve user accessibility and professional listening, normative, bureaucratic and discursive actions are not enough. In addition, although it is useful and even necessary in some types of units, it is not enough to have a "reception room", for example, and it is wrong to restrict the responsibility for accepting a sector or for any individual worker, since the is not reduced to a stage or a place.

The reception is not a space or a place, but an ethical stance: it does not presuppose a specific hour or professional to do it, it implies sharing of knowledge, anguish, taking on the responsibility of "sheltering and wrapping" others in their demands, with responsibility and resolve. In this way, we differentiate it from screening, since it is not a process step, but an action that must occur in all places and moments of the health service. Putting in action the host, as an operational guideline, requires a new attitude of change.

The Humanization Policy starts from concepts and devices that aim at the reorganization of the work processes in health, proposing transformations in the social relations, that involve workers and managers in their daily experience of organization and conduction of services; and transformations in the ways of producing and providing services to the population (BRAZIL, 2006). On the management side, it seeks to establish collegial and horizontalization of the "command lines", valuing stakeholder participation, teamwork, so-called "lateral communication", and democratizing decision-making processes with co-workers and users. It brings as fundamental the participation of health professionals in the elaboration of plans and actions (BRASIL, 2004).

The Humanization Policy arises in a scenario of challenges, although present in the construction of the SUS that requires changes in the management and health care model (BRASIL, 2006). These include: weak linkage between workers' groups versus users and rudimentary social control, precarious working relationships, and little or no participation of service workers, low investment in continuing education, discouragement of teamwork, and lack of preparation of workers. professionals to deal with subjective issues that every health practice involves (HENNINGTON, 2008).

The study intends to subsidize health professionals, especially the Family Health Strategy, with current knowledge about the practice of care in Primary Care.

Considering the practice of the reception in Primary Care, this study seeks to deepen on the host actions in the context of the FHT addressed in scientific productions. For this we have as questions:

1. In what way is the host in the ESF characterized, registered in the national scientific productions?
2. What are the strategies in the ESF for hosting?

In the scope of the questions, we have as objectives to analyze the national scientific productions about the Family Health Strategy.

METHODOLOGY

The present study deals with an Integrative Literature Review (RIL) on the Family Health Strategy. The integrative review of the literature consists of the construction of a broad analysis of the literature, contributing to discussions about methods and results of research, as well as reflections on future studies. The initial purpose of this research method is to obtain a deep understanding of a certain phenomenon based on previous studies (MENDES, 2008).

For the development of this research, we followed the steps of the RIL, starting from the following questions: How are the host in the ESF characterized, registered in the national scientific productions? What are the strategies in the ESF for hosting?

In carrying out this research, the VHL database was used, especially LILACS, Coleciona-SUS and BDENF. The search had as criteria of inclusion of the productions: format of article with full text, published in the period from 2008 to 2016, productions in Portuguese language, selected from the abstracts and titles, being listed by the association of the following

descriptors: Family Health.

After applying the criteria for inclusion and in-depth reading of the articles from the total of 32 productions, 13 articles were analyzed. These productions were analyzed regarding the characterization, highlighting: year of publication, author / title, area of knowledge, place of origin and methodology. These aspects were analyzed using the simple statistical method.

The articles were also analyzed using Bardin's content analysis technique (2010), with emphasis on the main ideas of the articles on the approach to hosting at the ESF, highlighting the main strategies of hosting, presenting in three categories: Reception under the Access point; Reception as solving, access and organization of the system and Permanent Education.

RESULTS AND ANALYSIS: characterization of results

We found 1 article in 2008, 2 articles in 2009, 3 articles in 2012, 4 articles in 2013, 1 article in 2014, 1 article in 2015 and 1 article in 2016. About the area of expertise: 2 articles of medicine, 2 of psychology, 2 dentistry and 7 nursing. As for the region of production: 4 of the northeast region, 4 in the south, 2 in the southeast, 2 in the central west and 1 in the north. All articles used qualitative methodology.

The studies found are predominantly in the nursing area, although other areas of knowledge have been found. It was possible to perceive a period of 2 years without publications on the subject, 2010/2011. It is believed that the reception is again addressed after the publication in 2010 of the second Humaniza SUS Notebook. This book presents and discusses experiences in humanization of the SUS that worked, which contributed to the launching in 2013 of the PNH Brochure.

The interdisciplinarity of Primary Care was perceived in this study, most of the studies were of nursing, but it was possible to perceive the concern of other areas of attention about the reception. This reaffirms that the practice of the host is the working tool of all the professionals involved.

Table 1: Found articles that answered the guiding question by area of knowledge, place of origin and methodology

Article	Year	Title / Author	Author's Knowledge Area	Place of Origin of the Study	Methodology
A1	2008	Implantação do acolhimento em uma unid ade local de saúde de Florianópolis. NASCIMENTO; TESSER e P. NETO	Medicine	Florianópolis - SC	Qualitative
A2	2009	A integralidade no cotidiano de trabalho na estratégia saúde da família. KANTORSKI; JARDIM; PEREIRA *et al*	Nursing	Pelotas – RS	Qualitative
A3	2009	Os processos de formação na Política Nacional de Humanização: a experiência de um curso para gestores e trabalhadores da atenção básica em saúde. GUEDES; PITOMBO e BARROS	Psychology	Rio de Janeiro – RJ	Qualitative
A4	2012	Entre o empenho, o acolhimento e a impotência: dilemas de agentes comunitárias de saúde na produção do cuidado e da humanização. BELLENZANI; MENDES e BARROS	Psychology	Parnaíba – MS	Qualitative
A5	2012	Representacões sociais e prática do enfermeiro: limites, avanços e perspectivas. SAMPAIO; VILELA e SIMÕES	Nursing	Rio de Janeiro – RJ	Qualitative
A6	2012	Atributos essenciais e qualificadores da atenção primária a saúde. AGUIAR e MARTINS.	Dentistry	Fortaleza-CE	Qualitative
A7	2013	Ações de prevenção e tratamento da neoplasia maligna do colo do útero na Estratégia de Saúde da Família. METELSKI; WINCKLER e DALMOLIN	Nursing	Chapecó - SC	Qualitative
A8	2013	Conhecimento acerca da política nacional de atenção integral à saúde do homem na Estratégia de Saúde da Família. CARVALHO; SILVA; OLIVEIRA *et al.*	Nursing	Natal – RN	Qualitative
A9	2013	Políticas públicas para a família no contexto da saúde. GIBAUT e MUSSI	Nursing	Salvador - BA	Qualitative
A10	2013	Quando a porta de entrada não resolve: análise das unidades de saúde da família no município de Rio Branco, Acre. CHAGAS e VASC ONCELLOS	Nursing	Rio Branco - AC	Qualitative
A11	2014	Repensando o acesso ao cuidado na Estratégia Saúde da Família. TESSER e NORMAN	Medicine	Florianópolis – SC	Qualitative
A12	2015	Acolhimento e satisfação do usuário na Estratégia de Saúde da Família: uma experiência de êxito. SENA; FERREIRA; OLIVEIRA *et al.*	Dentistry	Recife – PE	Qualitative
A13	2016	Processos organizacionais na Estratégia Saúde da Família: uma análise pelos enfermeiros. ARANTES; SHIMIZU e MERCHÁN-HAMANN	Nursing	Distrito Federal - BS	Qualitative

CATEGORIZATION OF THE MAIN IDEAS OF THE STUDY

The theme host is still little discussed in scientific productions, especially in what concerns the integrality in the ESF. The most frequently discussed discussions deal with reception only as access itself and little is said about resolving. The studies also point to the need for training and education of professionals to use this tool.

CATEGORY 1: Reception from the Access Point

In this category, 8 articles were selected that bring the host from the perspective of access: A1 (NASCIMENTO; TESSER and P. NETO et al., 2008); A2 (KANTORSKI et al., 2009); A4 (BELLENZANI, MENDES AND BARROS, 2012); A6 (AGUIAR AND MARTINS, 2012); A9 (GIBAUT AND MUSSI, 2013); A10 (CHAGAS AND VASCONCELLOS, 2013); A11 (TESSER AND NORMAN, 2014); A13 (ARANTES, SHIMIZU AND MERCHAN-HAMANN, 2016).

The articles present situations of access barriers, and the underutilized host to organize queues, demands and sorting (KANTORSKI et al., 2009, BELLENZANI, MENDES and BARROS, 2012, GIBAUT and DALMOLIN, 2013, CHAGAS and VASCONCELLOS, 2013).

According to observations made in the waiting room of the unit studied, some factors were identified that could make it difficult for users to access the service. At first it was a long wait for the care, as well as the need to arrive very early to ensure medical consultation. In this case, when the waiting time for the consultation is excessively time consuming, usually the public services are qualified as slow and ineffective, producing a devalued concept of the service offered to the population. (A2)

"Another finding concerns the physical structure of the unit, where users awaiting service are separated from reception workers by a glass partition, clearly forming a barrier to community access." (A2)

"The reception was not recognized by the service teams as a device that should transform the logic of medical care by order of arrival and distribution of vacancies." (A4)

"However, we observe in our professional life, as well as in studies, that health practices are confined to a supposed host, trapped in the organization of demand and screening in emergencies and basic health units." (A9)

"The non-access can also be observed through the queues for medical consultation, dispute at the time of distribution of passwords and busy schedule." (A10)

"In this way, it ceases to be an instrument of integrality, often configuring itself as a space or a factor that makes it

difficult for users to enter the system" (Tesser and NORMAN, 2014), when in fact it should have the opposite role. "After more than two decades of SUS, APS / ESF teams do not widely disseminate easy access to their users, nor do they have consolidated organizational technologies for this (beyond the generic host directive)." (A11)

The study shows the importance of implementing a classification of risk in care, avoiding that priorities are neglected, and for this the Sensitive Reception / listening plays a fundamental role (ARANTES, SHIMIZU AND MERCHÁN-HAMANN, 2016).

"In Brazil, the scientific production is incipient about host with risk classification, however, its collaboration is emphasized by prioritizing patients who need immediate treatment or in acute conditions, reinforcing the principle of equity in FHT." (A13)

Although the ESF does not have the character of emergency / emergency service, classifying the risk in the host allows a resolution of the demands presented, considering essential basic necessities in scale of priority.

Considering Primary Care as the main gateway to the Single Health System, attention to first contact must have resolution and accessibility attributes, to accommodate and meet the needs of individuals (AGUIAR AND MARTINS, 2012).

"The first contact can be defined as the gateway of the health services, that is, when the population and the team identify that service as the first resource to be sought when there is a need or health problem." (A6)

Accessibility refers to the characteristics of the supply that enable people to access services, while access is the way people perceive accessibility. The concept of access entails the idea of not restricting access to health services, while accessibility refers to the provision of services, the capacity to produce services and respond to the health needs of a given population. (A6)

It is possible to prove through the experience of implantation of the host in a unit, according to study A1, that the host can and should be an instrument of accessibility and not barrier (NASCIMENTO, TESSER AND P. NETO, 2008).

"The implantation of the host in the unit increased the utilization of the technical potential of the non-medical workers and provided a greater access of the users to the ULS (Local Health Unit)." (A1)

CATEGORY 2: Reception as solving, access and organization of the system

In this category, 6 articles were selected that bring the host under a broader vision of solving, accessing and organizing the system: A4 (BELLENZANI, MENDES AND BARROS, 2012); A5 (SAMPAIO, VILELA AND SIMÕES, 2012); A7 (METELSKI, WINCKLER AND DALMOLIN, 2013); A8 (CARVALHO et al., 2013); A10 (CHAGAS AND VASCONCELLOS, 2013); A12 (SENA et al., 2015;).

The theme of "Welcoming" was approached as closely as the PNH advocates, as a working tool that can be performed by any member of the team, taking into account not only the individual as well as the collective to which it is inserted (SAMPAIO, VILELA AND SIMÕES, 2012).

"The host appears in health work with a view to humanizing and solving all demands, whether individual or collective." (A5)

"We perceive that the subjects of the study understand the importance of acceptance in their practice, but also reinforce the idea of commitment and responsibility." (A5)

The process of organizing teamwork is crucial for the development of the host, they need to be aligned, since it is not restricted to a professional category. (BELLENZANI, MENDES AND BARROS, 2012).

“Community health workers who engage in care and care in a humane way, finding barriers to access certain procedures, a type of assistance that is not available, or are not supported by the work of their staff, can feeling helpless, frustrated or 'useless'.” (A4)

The user satisfaction is tied to the resolution, although he does not understand the host as an instrument of humanization, the user recognizes an improvement in the service after implantation of the host as can be seen in study A12 (SENA et al., 2015).

"The change in the work process, due to the implantation of the host, despite being directly related to the professionals of the health team, was also a reason for satisfaction of the users." (A12)

"Users consider that there has been an expansion of access to health services after the implantation of the host." (A12)

It should be to consider specific demands and seek resolution based on comprehensive care and the concept of extended clinic. (METALSKI, WINKLER AND DALMAIN, 2013, CARVALHO et al., 2013); A10 (CHAGAS AND VASCONCELLOS, 2013).

Accepting women's demands means decoding very singular and complex issues related to the dynamics of life, perceptions, culture, which greatly transcends the procedure itself in the case of a cytopathological examination, reinforcing the need for quality in professional-user relationships, in the links, in the technique itself, besides all the care in the interlocution between professionals and services.(A7)

"The professionals in the ESF need to appropriate the PNAISH in order to improve the access of the male population, the reception of this population and the better understanding of their health / illness demands." (A8)

"There is still a long way to go in order for health professionals to free themselves from the chauvinistic stench and to serve this clientele more adequately in order to offer a decent listening and welcoming to male users." (A8)

The type of listening developed by the professionals was the clinic, focused on complaints, with punctual interventions, with little resolution and no link building. If listening was broader, they could identify problems and needs that go beyond health services and that to be resolved would require intersectoral articulations, that is, to seek partnership with other sectors that do not belong to the health service, increasing with this community satisfaction; or other factors than the strictly biological ones that contribute to the problem in question could be perceived; or one could perceive elements of personal life that contribute to aggravate a certain problem or that hinder their "adhesion" to the therapeutic proposals usually proposed. (A10)

CATEGORY 3: Permanent Education

In this category, 3 articles were selected that deal with the importance of the permanent education of the professionals for the development of the Reception: A3 (GUEDES et al., 2009); A10 (CHAGAS AND VASCONCELLOS, 2013); A13 (ARANTES, SHIMIZU AND MERCHAN-HAMANN, 2016).

Two aspects are important barriers to be broken by lifelong education, namely: qualified professional development for sensitive listening (CHAGAS AND VASCONCELLOS, 2013) and professionals' knowledge about PNH (GUEDES et al., 2009).

"The practice of" Acolher "consists of a qualified listening that all the employees of the basic health units must realize listening to the needs that led the user to the service, guiding or directing according to their professional competence." (A10)

The health worker is seen as the protagonist of his work process, as someone who plans and executes, even because

working is necessarily managing work processes, managing ways of caring, and not just performing tasks. This methodology allows the participants to take on the role of protagonists and, from this position, can extract from their experiences the motivating elements of the study, at the same time they become able to intervene in their work realities, seeking to build innovative solutions for their problems related to the management and organization of the health network. (A3)

The training courses of the HNP are designed to train health professionals who can develop the capacity to analyze, foster and consolidate changes in management and modes of health care. The training process is based on concrete intervention practices, in which the HNP references would be operationalized in the sense of producing collective practices among the different SUS actors: users, workers and managers. (A3)

Continuous need for permanent education for ESF teams, specialization courses and residency in family health, to optimize the approach to the health-disease process. However, it is critical that actors and institutions responsible for training at the middle and higher levels insist strongly on strengthening the principles of PHC in the practice of future professionals. (A13)

The understanding of the health-disease process, as well as the sensitivity to the subjectivity of the listening of the other, make possible the improvement of the practice. In this way it is possible to comply with SUS principles and understand the Humanization Policy, generating important impacts on the health of the population.

FINAL CONSIDERATIONS

The host is an instrument of the work process capable of stimulating the link between professionals and users, making it possible for the user to enter the service. It enables universal access, consolidates multiprofessional and intersectorial work, qualifies health care, humanizes practices and encourages actions to combat prejudice.

The study showed the need for discussion about the subject, in addition to few productions found, the productions speak little about the host as a work process and guarantee of completeness. In addition, the importance of qualification for service qualification was perceived, and good results were found when the theme is addressed in the bias of lifelong education. Proving that the empowerment and mastery of the professional about the practice of the host and Humanization Policy have a good impact on health. The understanding of the health-disease process, as well as the sensitivity to the subjectivity of the listening of the other, make possible the improvement of the practice. In this way it is possible to comply with SUS principles.

Based on the analyzed articles, it can be concluded that the reception practice still needs to be systematized in health care models, and this can be a justification for the difficulties presented, both for professionals and for users. Therefore, it is still necessary to qualify the which are being developed so that humanization is the crucial point in PHC.

It is considered that this study was important to point out the difficulties of establishing the proposal of the host humanization and to subsidize that there is a need for a permanent education on reception. For this, it is necessary to have more discussion and reflection on the subject in Brazil. It can not be denied that much progress has been made in the use of light technologies as a host, but it is the qualification of the FHT teams that will make the differential, will enable the strengthening of the PHC principles in the practice of present and future professionals, generating impacts on the health of the reducing risks and damages.

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WELFARE IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

Objective: To analyze the national scientific production on the Family Health Strategy. Methodology: After applying the criteria of inclusion and in-depth reading of the articles in the total of thirty-two productions, thirteen articles were selected to be analyzed and demonstrated in three categories. Results: The main ideas of the articles about the host approach in the ESF are presented in three categories: Reception from the Access point of view; Reception as solving, Access and organization of the system and Permanent Education. The subject is still little discussed in the scientific productions, especially with regard to integrality in the ESF, the most frequent discussions deal with the reception only as access proper and little is said in the resolutiveness. Final Considerations: After completing the present study, we can consider that health care has expanded, but there is still a need to subsidize permanent education actions for FHT teams, reception beyond nursing, specialization courses and residency in Health of the Family, optimizing new approaches to the health-disease process.

Key-words: Reception, Humanization, Primary Health Care.

BIEN-ÊTRE DANS LA STRATÉGIE DE SANTÉ FAMILIALE: EXAMEN INTÉGRATIF

Objectif: analyser la production scientifique nationale sur la stratégie de santé de la famille. Méthodologie: Après avoir appliqué les critères d'inclusion et une lecture approfondie des articles dans un total de trente-deux productions, treize articles ont été sélectionnés pour être analysés et démontrés dans trois catégories. Résultats: Les idées principales des articles sur l'approche hôte dans le FSE sont présentées en trois catégories: la réception du point de vue de l'accès; Réception comme solution, accès et organisation du système et formation permanente. Le sujet est encore peu abordé dans les productions scientifiques, en particulier en ce qui concerne l'intégralité dans le FSE, les discussions les plus fréquentes portent sur la réception uniquement en tant qu'accès proprement dit et peu de choses dans la résolutivité. Considérations finales: Après avoir terminé la présente étude, nous pouvons considérer que les soins de santé se sont développés, mais il reste nécessaire de subventionner des actions de formation permanentes pour les équipes ESF, une réception au-delà des soins infirmiers, des cours de spécialisation et une résidence en santé. de la famille, en optimisant de nouvelles approches du processus santé-maladie.

Mots-clés: réception, humanisation, soins de santé primaires.

ACOGIDA EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: REVISIÓN INTEGRATIVA

Objetivo: Analizar las producciones científicas nacionales sobre acogida en la Estrategia de Salud de la Familia. Metodología: Después de la aplicación de los criterios de inclusión y lectura profundizada de los artículos en total de treinta y dos producciones, se seleccionaron trece artículos a ser analizados y demostrados en tres categorías. Resultados: Las ideas principales de los artículos sobre el enfoque sobre la acogida en la ESF se presentan en tres categorías: Acogida bajo la óptica del Acceso; Acogida como resolutividad, Acceso y organización del sistema y Educación Permanente. El tema sigue siendo poco discutido en las producciones científicas, especialmente en lo que se refiere a la integralidad en la ESF, las discusiones más encontradas tratan de la acogida únicamente como acceso propiamente dicho y poco se habla de la resolutividad. Consideraciones finales: En el presente estudio, podemos considerar que la acogida en salud se ha ampliado, pero hay todavía la necesidad de subsidiar acciones de educación permanente para los equipos de ESF, acogida además de la enfermería, cursos de especialización y residencia en Salud de la Familia, optimizando nuevos abordajes del proceso salud-enfermedad.

Palabras-clave: Acogida, Humanización, Atención Primaria en Salud.

ACOLHIMENTO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA: revisão integrativa

Objetivo: Analisar as produções científicas nacionais sobre acolhimento na Estratégia da Saúde da Família. Metodologia: Após a aplicação dos critérios de inclusão e leitura aprofundada dos artigos no total de trinta e duas produções, selecionou-se treze artigos a serem analisados e demonstrados em três categorias. Resultados: As ideias principais dos artigos sobre a abordagem acerca do acolhimento na ESF são apresentadas em três categorias: Acolhimento sob a ótica do Acesso; Acolhimento como resolutividade, Acesso e organização do sistema e Educação Permanente. O tema ainda é pouco discutido nas produções científicas, especialmente no que tange à integralidade na ESF, as discussões mais encontradas tratam do acolhimento unicamente como acesso propriamente dito e pouco se fala na resolutividade. Considerações Finais: Após a realização do presente estudo, podemos considerar que, o acolhimento em saúde se expandiu, porém há ainda a necessidade de subsidiar ações de educação permanente para as equipes de ESF, acolhimento além da enfermagem, cursos de especializações e residência em Saúde da Família, otimizando novas abordagem do processo saúde-doença.

Palavras-chave: Acolhimento, Humanização, Atenção Primária em Saúde.