46 - "CAN I HELP?" - AN EXPERIENCE REPORT ABOUT EMBRACEMENT HOST

RAUL AMARAL DE ARAÚJO[1]
PAULA FERNANDA BRANDÃO BATISTA DOS SANTOS[2]
AKEMI IWATA MONTEIRO[3]

INTRODUCTION

At the heart of implementation of the Health Reform Project, is being developed the National Policy for the Humanization of the Unified Health System - the HumanizaSUS - established by the Ministry of Health in 2003 in order to break the dominance of actions based on technical, curative and Biologic aspects, which are insufficient to deal with the complexity of the human condition.

One of the main actions of this policy is the embracement, the welcome attitude, to respond the health needs of the population, in an act dedicated to build a link of trust and solidarity among the population and health services, among assisted people and professionals. It also means the accessibility of public services, and even the offer of an adequate, equitable and decisive healthcare attention (ZAUHY; MARIOTTI, 2002; BRAZIL, 2006).

In accordance with the above policy, will give emphasis to the paradigm of promoting health, based on the integrality of the subject/user, in their subjectivity, history and social inclusion, building interventions in the cultural references; and safeguarding the questions of gender, ethnicity, economic status and sexual orientation, in addition to enhance listening to the health problems brought by users, and promote the linkage and accountability between users, professionals and managers (BRAZIL, 2004; FORTUNA, 2002; ZAUHY; MARIOTTI, 2002).

Entering this context, the act of embrace becomes the dialogue without preconceptions or judgments, that does not require space or place to be developed, but expressing the relationship between health professionals and users. However, it is see that embracement, as a health policy and practice, has a long way to go, and many times affected by the crisis of values and beliefs at that time experienced by men, who tend to prioritize private interests, above law and justice, the common good (FORTUNA, 2002; ZAUHY; MARIOTTI, 2002; BOFF, 2003).

Facing this, we report an experience trying to optimize a health service, by raising awareness among professionals about the importance of embracing users, according to the National Policy for the Humanization of the SUS.

METHODOLOGY

This report makes a remembering of experiences in the Nursing Graduate Course at the Federal University of Rio Grande do Norte (UFRN) during performance/stage referring to the curricular component Integrated Stage I of the 8th semester in a Family Health Basic Unit (UBSF), in the city of Natal / RN.

During the description that makes this work, are not named the institution and its professionals, because of the maintenance of ethical principles, through the anonymity of UBSF and professionals involved.

The intervention was the establishment of a project entitled "Can I help you?", as an initiative to optimize the embracement offered by the professionals of UBSF after surveying the users' needs. To that end, was released a Community-Based Health Agent (ACS) for each hour of attendance of the service. This ACS, along with nursing students, would address the users, asking them about their perceptions on the service, regarding how they were received, attended and if their problems were solved.

Next to this arrangement, there were meetings with all of UBSF to discuss the proposal, its trajectory and results, seeking to raise awareness of the actors involved, with the clear heterogeneous division of these in two strands of conceptualizations, one for the precepts involved and surrounding with the host, and one against the multidisciplinarity of service and also against the change of clinical, individually and pharmacological paradigm to the paradigm of health promotion.

THE PROPOSAL

In UBSF where this experiment was experienced, there was the opportunity of, along with the nurses and community-based health agents (ACS), deploying a local activity where the actors cited take turns on embracing users when entering the service. However, the non-participation of other professionals at that time was very limited, so there was no reference to them.

However, the experienced allowed a better communication among the cited professionals and the users who were questioned about the quality of services they had access, and through a frank dialogue, open to criticism, made suggestions and proposed changes.

The opinions of the users were mainly related to three aspects: 1) The number of employees of the unit, 2) The materials/medicines provided by the unit; 3) The care provided to users. Customers suggested, to resolve this problem, respectively: 1) Increase the number of employees in the unit, 2) Raise the quantity of materials/medicines to be supplied; 3) Organize a row of attendance in order of arrival, with priority being given the elderly and children, and warn them of the amount of available “chips”; in addition to being proposed changes in attitude of professionals, as its punctuality and ethics.

The criticisms and suggestions from users have been discussed among professionals in the unit, creating the most diverse views on the issue, and dividing the professionals in two heterogeneous groups. Some, to be called as the first group, formed their speeches in the model of clinical, individually and pharmacological healthcare, in which embracement was nothing but a punctual attitude, because this model does not prejudge their actions on historical and social integration of individuals, but in the medicalization of diseases (CAMPOS, 1992). In other words, this group of workers anchored in the individualization, fragmentation and timeliness of actions.

Other professionals, to be called the second group, formed a second strand that set out thoughts consistent with the paradigm of health promotion, in which users gain the status of subject, and not more object, of health services. This change, according to these professionals, can be realized only when the host, as a prerequisite for a humane practice in health institutions, set up a social practice, integrated and coordinated by professionals who act in these locations.

Workers who based on the health promotion paradigm defended aspects focused on the universality, integrality and equity of healthcare assistance, permeating them with the urgent need to humanize the practices in health, through actions as the embracement.

In both issues, discussions are based on the criticisms and suggestions from users, which were contrary to the beliefs of the first group that believed in the inconsistency of the UBSF users' perceptions. The second group received such information

in a less biased way to the hegemonic model of healthcare assistance - clinical, individually and medically (CAMPOS, 1994). The perception of each professional has created a rich dialogue, always permeated by the suggestions and criticisms from users.

FROM DISCUSSION TO THE CONSENSUS

The different perceptions, attached to each professional, led to a discussion initially divergent. There were no few obstacles, such as some professionals believing that is not possible to implement such a proposal, as the demand for the service would remove it, along with difficulties from the subjectivity of each of these workers, who have designs on embracement molded by their experience and formation, such as the need to restrict embracement to a local and/or professional, said as effective enough to remedy the problem of embracing users.

However, it was a consensus which, taking into account the view that users had of the service, referred to the optimization of embracing to all who seek the Unit.

This optimization would be based on solidarity care to users (CAMPOS, 1994); the articulation between professionals, avoiding the duplication of resources for the same purpose (MERHY; ONOCKO, 2007); in active listening, to be developed by professionals, without preconceptions or judgments (FORTUNA, 2002; ZAUHY; MARIOTTI, 2002); horizontalisation the relationship between professional/users through the sharing of knowledge, needs and anxieties, as well as the appropriateness of language, which tends to be full of jargon, proper of health class, and unintelligible to a considerable portion of the population (CAMPOS, 1992; CAMPOS, 1994; MERHY; ONOCKO, 2007; FREIRE, 1983; VASCONCELOS, 2006).

TRANSLATING THE PROPOSAL

The dialogue and discussions led to some modifications, however, as each professional has their self-government (MERHY; ONOCKO, 2007), there were those who were sensible and those who remained in their routines, consolidated and opposite to rearrangements, being and those who always know, while users would be those who do not know, incapable of self-caring, being objects of health work, and not the subject of this process (FREIRE, 1983).

Among those who were aware, were the nursing students, still trying to win the confidence of the community in their ability and potential. And for that victory was essential the embracing attitude that has developed and consolidated from the discussions that have occurred on this issue.

The embracement was shaped with the educational activities, which gained prominence with the emergence of health promotion paradigm, after the enactment of the Charter of Ottawa in 1986. Such activities, undertaken individually or with groups of users, concerned the formation of a critical and creative autonomy on the users (DEMO, 1997), through frank dialogue, without preconceptions or judgments, producing bonds, constituting themselves in the embracement, and consequently, humanizing act of health services.

All nursing consultations that were held, the meetings with groups of hypertension patients, diabetic patients, the elderly, adolescents, pregnant women and mothers of children accompanied in the Unit, were enriched, with the encouragement, deployment and consolidation of embracement. This led to the users reduce fear of being attended by nursing students, still in training and with little experience, from the emergence and implementation of bonds.

FINAL CONSIDERATIONS

Embracement is identified as an essential tool for ensuring the universality, integrality, equity and resolution of care provided by health services (LIMA, 2004; SOUZA; LOPES, 2003), and deepen the discussions on this topic enables its introduction in the daily life of health professionals, as is shown here.

In presenting this report, we tried to give relevance to the discussions of health staffs of UBSF on the perception of users on the service, in the path of the project "Can I help?", seen as an alternative to restructure the work in this location, through embracement, and consequently, through humanization of the assistance provided.

The discussion brought, however, is a substrate for the development of new intervention proposals. It is important to note that this process is complex, requiring the commitment of all involved, the active listening of the parties involved on services and ample discussions.

REFERENCES

1. BOFF, Leonardo. **Ética e moral: a busca dos fundamentos**. 2. ed. Petrópolis: Vozes, 2003.
2. BRASIL. Ministério da Saúde. **Diretrizes operacionais para os pactos pela vida, em defesa do SUS e de gestão**. Brasília: Editora do Ministério da Saúde, 2006.
3. _____. _____. **HumanizaSUS: política nacional de humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS**. Brasília: Editora do Ministério da Saúde, 2004.
4. CAMPOS, Gastão Wagner de Sousa. **Reforma da reforma: repensando a saúde**. São Paulo: Hucitec, 1992.
5. CAMPOS, Gastão Wagner de Sousa. **A saúde pública e a defesa da vida**. 2. ed. São Paulo: Hucitec, 1994.
6. DEMO, Pedro. **Educar pela pesquisa**. 2. ed. Campinas: Autores Associados, 1997.
7. FORTUNA, Cinira Magali *et al.* Alguns aspectos do trabalho em saúde: os trabalhadores e os processos de gestão. **Saúde em Debate**, Rio de Janeiro, v. 26, n. 62, p. 272-281, set./dez. 2002.
8. FREIRE, Paulo. **Pedagogia do oprimido**. 13. ed. Rio de Janeiro: Paz e Terra, 1983.
9. LIMA, Maria Alice Dias da Silva. *et al.* Acesso e acolhimento em unidades de saúde na visão dos usuários. **Acta Paulista de Enfermagem**, São Paulo, v. 20, n. 1, p.12-7, 2007.
10. MERHY, Emerson Elias; ONOCKO, Rosana (Orgs.). **Agir em saúde: um desafio para o público**. 3. ed. São Paulo: Hucitec, 2007.
11. SOUZA, Aline Corrêa; LOPES, Marta Julia Marques. Acolhimento: responsabilidade de quem? Um relato de experiência. **Revista Gaúcha de Enfermagem**, Porto Alegre, v. 24, n. 1, p. 8-13, 2003.
12. VASCONCELOS, Eymard Mourão. **Educação popular e a atenção à saúde da família**. 3. ed. São Paulo: Hucitec, 2006.
13. ZAUHY, Cristina, MARIOTTI, Humberto (Orgs.). **Acolhimento: o pensar, o fazer, o viver**. São Paulo: Secretaria Municipal de Saúde, 2002.

"CAN I HELP?" - AN EXPERIENCE REPORT ABOUT EMBRACEMENT HOST

ABSTRACT. This article recounts the experience taken in the Nursing Graduate Course at the Federal University of Rio Grande do Norte, during the traineeship at a Family Health Basic Unit, in the city of Natal/RN Brazil, from the optimization experience in this service, by raising awareness of professionals on the importance of embracing users, according to the National

Policy on Humanizing of the Unified Health System The project involved the themes of embracement, seen as an attitude of professionals involved in caring the users of services health. Were emphasized, in this work, discussions that took place in the process of implementing the proposal, titled as "Can I help?", its similarities and differences, for the conformation of an alternative for restructuring the work place.

KEY WORDS: User Embracement; Nursing Care; Family Health Program.

"JE PEUX AIDER?" UN RAPPORT SUR L'EXPERIÉNCE SUR LA RÉCEPTION

RÉSUMÉ. Cet article rapports l'expérience prises en premier cycle Nursing, Université fédérale de Rio Grande ne Norte, pendant la période de estage scolaires, une unité de santé de la famille, dans la ville de Natal/RN Brésil, de l'expérience de l'optimisation de service, par la sensibilisation des professionnels de l'importance de accueillir les utilisateurs, en conformité avec la politique nationale de Humanization unique de système de santé. Le projet le thème de réception, considérée comme une attitude des professionnels impliqués dans les soins pour les utilisateurs de services de santé. adresses, dans ce travail, les discussions tenues dans le processus de mise en oeuvre de la proposition-intitulé "je peux aider?"-leurs convergences et divergences, pour la conformation une alternative restructuration du lieu de travail.

MOTS CLÉS: Réception; Soins Infirmiers; Famille Programme de Santé.

"¿LE PUEDO AYUDAR?", UN INFORME SOBRE LA EXPERIENCIA EN ACOGER

RESUMEN. Esto artículo relata la experiencia adoptadas en curso de pregrado Enfermería de la Universidad Federal de Río Grande do Norte, durante el período de las practicas del currículo de enfermería en unidad básica de salud de la familia, en la ciudad de Natal/RN - Brasil, de la experiencia en la optimización del servicio, mediante la sensibilización de profesionales sobre la importancia de acoger los usuarios, de conformidad con la política nacional de humanización de Sistema Unico de Salud. El proyecto arrolla el tema del acogimiento, visto como una actitud de los profesionales involucrados en la atención para los usuarios de servicios de salud. Esto estudio aborda las conversaciones celebradas en el proceso de aplicación de la propuesta-titulado "¿le puedo ayudar?" - su convergencias y divergencias, para la conformación de una alternativa reestructuración del lugar de trabajo.

PALABRAS CLAVE: Acogimiento; Atención de Enfermería; Programa de Salud Familiar.

"POSSO AJUDAR?" UM RELATO DE EXPERIÊNCIA SOBRE O ACOLHIMENTO

RESUMO. Este artigo relata a experiência tida no Curso de Graduação em Enfermagem da Universidade Federal do Rio Grande do Norte, durante o período de estágio curricular, numa Unidade Básica de Saúde da Família, no município de Natal/RN Brasil, a partir da vivência na otimização deste serviço, através da sensibilização dos profissionais sobre a importância de acolher os usuários, de acordo com a Política Nacional de Humanização do Sistema Único de Saúde. O projeto envolveu a temática do acolhimento, visto como uma atitude dos profissionais envolvidos no atendimento aos usuários dos serviços de saúde. Abordam-se, neste trabalho, as discussões realizadas no processo de concretização da proposta - intitulada como "Posso Ajudar?" - suas convergências e divergências, para a conformação de uma alternativa de reestruturação do trabalho local.

PALAVRAS-CHAVES: Acolhimento; Cuidados de Enfermagem; Programa Saúde da Família.