

Impact of National Humanization Policy in the Family Health Strategy

Impacto da Política Nacional de Humanização na Estratégia Saúde da Família e na Rede de Saúde

Impacto de la Política Nacional de Humanización en la Estrategia Salud de la Familia en la Red de Salud

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Abstract

The contemporary model of care focuses primarily on the patient in all its complexity. The Family Health Strategy (ESF) is part of the Health network and price for the holistic view also on collective work and the National Humanization Policy (PNH) is a restructuring working tool in Public Health. In this sense, the present work aims to identify major changes influenced by PNH in the ESF in the health network to identify the contributions made. A Literature Bibliographic Review was performed in the Virtual Health Library (BVS), by analyzing articles, and official documents in the Ministry of Health Portal. To search the BVS were used the key words “Family Health Strategy,” “National Humanization Policy” and “Primary Care”. There were selected 10 articles relevant to the topic of study. The results showed that the PNH being a new way of thinking about health offers tools to assist in the actions and decision-making in health services. It was concluded that the ESF goes through a continuous transformation and that PNH contributed with working tools, by qualifying the attention given to the user, as well as providing ethical, political and shared reflection among managers, workers and users.

Keywords: Family Health Strategy; National Humanization Policy; Primary Care.

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GCR-B: Participated in the elaboration of the aim, the gathering of information and the analysis of the data of the study.

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Resumo

O modelo assistencial contemporâneo tem como foco principal o paciente em toda sua complexidade. A Estratégia de Saúde da Família (ESF) faz parte da Rede de Saúde e preza pela visão holística no trabalho coletivo e, assim, a Política Nacional de Humanização (PNH) torna-se uma ferramenta de estruturação do trabalho na Saúde Pública. Neste sentido, o presente trabalho tem como objetivo identificar as principais mudanças que a PNH influenciou na ESF e na Rede de Saúde, a fim de identificar as contribuições prestadas. Foi realizada Revisão Bibliográfica de Literatura, por meio da análise de artigos da Biblioteca Virtual em Saúde (BVS) e documentos oficiais do Portal do Ministério da Saúde. Para a busca na BVS foram utilizados os descritores “Estratégia de Saúde da Família”, “Política Nacional de Humanização” e “Atenção Básica”. Foram selecionados 10 artigos pertinentes ao tema do estudo. Os resultados mostraram que sendo a PNH uma nova forma de se pensar em saúde, oferece ferramentas capazes de auxiliar nas ações e na tomada de decisão nos serviços de saúde. Concluiu-se que a ESF e a Rede de Saúde passam por uma contínua transformação e que a PNH contribuiu com ferramentas de trabalho, qualificando a atenção prestada ao usuário, bem como proporcionando reflexão ética, política e compartilhada entre gestores, trabalhadores e usuários.

Palavras-chave: Estratégia de Saúde da Família; Política Nacional de Humanização; Atenção Básica.

Resumen

El modelo asistencial contemporáneo tiene como foco principal al paciente en toda su complejidad. La Estrategia de Salud de la Familia (ESF) forma parte de la Red de Salud y se distingue por la visión holística en el trabajo colectivo y, así, la Política Nacional de Humanización (PNH) se vuelve una herramienta de estructuración del trabajo en la Salud Pública. En este sentido el presente trabajo tiene como objetivo identificar los principales cambios que la PNH influyó en la ESF y en la Red de Salud, a fin de identificar las contribuciones prestadas. Se realizó Revisión Bibliográfica de Literatura, a través del análisis de artículos de la Biblioteca Virtual en Salud (BVS) y documentos oficiales del Portal del Ministerio de Salud. Para la búsqueda en la BVS se utilizaron los descriptores “Estrategia de Salud de la Familia”, “Política Nacional de Humanización” y “Atención Básica”. Se seleccionaron 10 artículos pertinentes al tema del estudio. Los resultados mostraron que siendo la PNH una nueva forma de pensar en salud, ofrece herramientas capaces de auxiliar en las acciones y en la toma de decisión en los servicios de salud. Se concluyó que la ESF pasa por una continua transformación y que la PNH contribuyó con herramientas de trabajo, calificando la atención prestada al usuario, así como proporcionando reflexión ética, política y compartida entre gestores, trabajadores y usuarios.

Palabras claves: Estrategia de Salud de la Familia; Política Nacional de Humanización; Atención Básica.

Introduction

Considering the historical setting of the decade of 1980, with the Health Reform and the Eighth National Health Conference, a new way of thinking of health emerged. With the aim of building new ways of management based on political, organizational and working processes which were committed to the act of taking care of the collectivity, the individual, and the social, the guidelines of this conference took form of Law with the Constitution

of the Federative Republic of Brazil in 1988. The actions of this Law provide in their proceedings the assurance of the exercise of social and individual rights, freedom, security, welfare, development, equality and justice, as well as it prioritizes a public attendance of a decentralized and regionalized network in a single system.

The Unified Health System (SUS) was founded in 1990 with the publication of the Law no. 8080 and gave new shape to the model of care in the country. Few months later, the Law no. 8142 was



launched, which printed in SUS one of its main characteristics, which is social control.

In 1994, after much reluctance and even governmental impediment to the process of implantation of SUS for the strengthening of the Basic Care, the Strategy of Family Healthcare (ESF) was implemented as a proposal of change of the hegemonic model. The ESF was systematized and guided by teams of family health, involving medical doctors, nurses, nursing technicians, odontologists and Community Health Agents (ACS), seeking to discuss and expand the traditional medical-curativist sanitary model for the comprehension of a collective, multi and interprofessional approach, centered in the family and community, inserted in its real and concrete context.

Thus, the ESF values the participation of the population, suggesting that it is able to promote a new relationship between subjects, where both the professional and the user can and must be producers and builders of a healthier life. This involvement, however, is possible only through a humanized and integrated process, in the sense of transversality between different knowledges, in which each one contributes with his peculiar knowledge, and together they enable an effective interaction for the valuation of different experiences and life expectations.

In order to optimize the work in basic healthcare, new models of care are necessary for the creation of devices for hearing users, decoding and work. Nowadays it is known that it is possible to talk about integrality, humanization and quality of care, according to values of commitment to the production of acts of taking care of individuals, collectives, social groups, environment, things, and places. Although many forms of modeling remain intact, it seems that a new way of topicalization of strategies of attention and management in SUS is emerging.

In this perspective, the Nacional Policy of Humanization (PNH) was created in 2003, by the Minister of Health. The PNH coincides with the principles of SUS, emphasizing the necessity of assuring integral care to the population and strategies to expand the condition of rights and of citizenship of people. It also presents as an important factor the transdisciplinarity, proposes an action which leads to the “expansion of the assurance of rights and enhancement of life in society”. Thus, there is an appreciation of actors, the teamwork,

the so-called “sideways communication” and the democratization of the decision processes with joint responsibility of managers, workers and users. In the field of care, the central guidelines are the access and integrality of care, permeated by the assurance of the link between the services (workers) and the population. The policy advances to the “expanded clinic”, increasing the autonomy of the user of health service, of the family, and the community, integrating the team of workers of health from different areas in the search of care and treatment, according to the history of each case, and thus being able to deal with the needs of subjects in a better way. In order to provide these changes, transformations in the field of formation are also sought, with strategies of permanent education and increase of the capacity of the workers to analyze and intervene in their processes of work.

As the necessities in health are extremely dynamic, social and historically built, ESF, obviously, also suffers alterations with the implementation of new public policies of health. The concepts of PNH are still little discussed by the teams of Family Health, and possibly little used in the professional practices.

Thus, this study aims at identifying the main changes occurred in the daily practices of ESF and in the health policies with the implantation of PNH, in order to verify the potentialities and fragilities to promote changes in the attention to the users.

Method

This is a bibliographic review of literature, made in the Virtual Library of Health (BVS), and documental research, conducted in the Portal of the Ministry of Health.

The search in BVS was conducted using the descriptors “National Policy of Humanization”, “Strategy of Family Health” and “Primary Healthcare”, selecting articles published since 2003, or after the implantation of PNH. The investigation in the Portal of the Ministry was conducted according to the theme of study, identifying official documents (Laws, Booklets, Reports of National Conferences of Health) which included PNH, regardless of the year of publication.

Initially, 28 pieces of literature were identified, including articles and documents. As criteria of inclusion, we used complete articles, in Portuguese language, which answered the following guiding

question: What are the main changes that occurred in daily practices of ESF and in the Health Network with the implantation of PNH? As criteria of exclusion, we considered the dissertations and theses, as well as articles in foreign language which were not entirely available for free and were not in accordance with the question of study. Finally, we identified 10 pieces of literature which answered the question of the research.

The analysis included an exploratory, selective, analytic, and interpretative reading of the information of the selected literature. The pieces of information found were organized in Picture 1,

according to the authors, year, main results and conclusions regarding to the changes occurred in the daily practices of ESF and of the Health Network with the implantation of PNH.

We considered as categories of analysis the organization of the process of work of the team the link established with the user/family/community, the integration of ESF with the Health Network for the continuity of the care and the process of individual and/or collective care.

Results

Table 1. Distribution of results obtained with the review of literature

AUTHORS	YEAR	RESULTS	CONCLUSIONS
Benevides R and Passos E. ⁽¹²⁾	2005	PNH appreciates man in his entire complexity and intends to motivate a new Public Policy of Health integrated to the assumptions of the State.	In the humanization of the practices of health, it is necessary to verify the relationship between State and Public Policy. SUS is constituted as a legal text, therefore, its dimension "de jure" cannot run out, but it must be reinvented.
Bosi MLM and Kátia Uchimura KY ⁽⁹⁾	2006	The measurement of data of a work depends on the context in which it is inserted. The humanization does not have only one meaning, as the human is mainly based on the subjective relations, making the professional able to evaluate the whole process involved in the care, in a quantitative and qualitative form.	The relations of sickening go beyond the physical and numeric aspects. The subjective demands (desires, feelings) must be considered. In order to do so, it is fundamental that the professional is sensitive and able to measure the symbolic processes and the discursive practices of the actors who play a decisive role in the process of health care.
Filho SBS ⁽¹⁰⁾	2006	Are considered theoretical indicators of PNH in the production of the services and of the subjects: effective liability and bond of professionals with the users; welcoming in a time compatible with the gravity of his picture; reduction of lines and waiting time for attendance; assurance of the rights of the user code of SUS; assurance of the participative management to workers and users; strategies of qualification and appreciation of workers, including permanent education.	PNH is implanted in the national territory, but it is still very precarious. The management does not prioritize indicators of work and does not establish the goals that must be accomplished. The evaluation must be qualitative, focused on the cognizance of the patient, strengthening the initiatives of integration of the processes of evaluation and monitoring in SUS.
Oliveira BRG, et al. ⁽¹¹⁾	2006	Humanization involves the intersubjective treatment and the interdisciplinary support for the execution of actions. In many places, the lack of technical conditions (training of staff, materials) results in poor quality of attendance and low capacity of problem-solving.	For a humanized model, there must be practices focused on the dialog between the team and the patient. This is a wide process, slow and complex, with changes of behavior. Thus it is necessary to value the subjective and social dimension in all the practices of care and management in SUS, strengthen the multi-professional team work, foster the construction of autonomy and leadership of subjects, strengthen the social control with participative nature, democratize the work relationships and value the health professionals.
Moimaz SAS, et al. ⁽¹⁵⁾	2008	It is important to provide an individual care, but it is also necessary to be alert to the context of life of each person and his family. A patient is part of the collective, therefore the actions of health must be focused on this context.	The current Brazilian family structures demand training of the teams of health in terms of physical, cultural, biological and social aspects for a correct usage of the instruments of observation and analysis of the family background.

AUTHORS	YEAR	RESULTS	CONCLUSIONS
Gomes KO, et al. ⁽¹⁷⁾	2009	In an interview with users and managers of SUS, it was observed that there were positive connotations related to PSF as a strategy that carries out the surveillance to health and provides the creation of a bond between the team and the population, promoting the organization of primary health care.	PSF is an adequate tool of development in health and strengthens the Primary Care, having the community as its main target. Some impediments were identified, such as, for instance, professional devaluation, lack of training of the managers, and the need of more fair salaries and formal working bonds.
Pasche DF, et al. ⁽¹⁸⁾	2010	PNH brings a proposal of thinking of health, recognizing the challenges of the public system of health. It brings new proposals of appreciation of this strategy through practices of management and health care.	For the implantation of PNH, we must consider the subject and the collective, both in the management and in the joint responsibility of care. PNH is a policy of SUS that must be used as a control and social mobilization, in order to transform society.
Backes DS, et al. ⁽¹³⁾	2010	In order to delimit the action of the professional nurse inside of a Family Health team, a professional project is necessary, considering the human being in the individual and collective aspects, as a subject and a social actor.	The nurse is the main catalyzer of policies and programs focused on collective health, because this profession demands an effective involvement with the real health needs of families and communities.
Shimizu HE and Reis LS ⁽¹⁶⁾	2010	It was possible to observe that where there is a team of Strategy of Family Health in the Federal District, there is trust in the healing, preventive and promotive practices, being able to contribute to the organization of a system that is more articulated and hierarchical.	The work in PSF is a strategy of change in the model of health, because it works in an integrated way with the actions of treatment, prevention and promotion of health. However, there is still little investment and a lack of technical and management structure.
Backes DS, et al. ⁽¹⁴⁾	2011	The team of Family Health is facilitator and stimulator in the network of care. In order to do so, three aspects are considered as important: professional cognition and appreciation; the expansion of the interactive processes and the emergence of new approaches of health care.	The meaning of the action of a professional in ESF is associated to the capacity to strengthen the autonomy of the actors, capacity of breaking the assistance models and the appreciation of the human singularity, acting proactively in the reality of families and communities.

It was possible to verify that PNH brings with itself a crossover in the actions of health as a strategy of appreciation of the experimentation of SUS. We observed that, for the measuring of data related to the care in health, it is necessary to appreciate the subjective language of the patient collecting qualitative data.

In order for the critic node about the reading of the subjective language and the appreciation of it are actually applied, the articles point as a solution the education in health of population, time of reception respected, instigating the building of autonomy and leadership of subjects, strengthening the social control with participative nature, democratize the work relationships and value the health professionals.

For the implantation of PNH as a tool of optimization of the service of health, it is necessary, during the professional performance, to consider the individual and collective human being as a social actor, giving him a responsibility of being

co-author of his own health, increasing the connection with the team and facilitating the possibility to interact proactively in family reality.

It was also possible to verify that ESF is a way of changing the assistance model of health, however there are still some impediments for it to be a reality in all municipalities.

ESF needs to be adopted as a main model of Health Policy, with more investment and professional appreciation, technical structuration, qualification of managers, more adequate salaries and formal employment bonds.

Discussion

Most of the works analyzed were published after the implantation of PNH in 2003, with more concentration between the years 2005 and 2011, showing reflections about the path and evaluation of the quality of this public policy of health. The

journal Science and Collective Health is the communication vehicle that has flowed the most about this theme, as it has published 80% of the articles selected for this study.

The historical context shows that the movement of construction of an assistance model must have the patient as the focus. The last three decades were marked by social movements which sought a more humanized assistance form. The transition of the decade of 1980 to 1990 brought considerable advances in public health in the country. The health care begins to incorporate social, economic and cultural aspects for the carrying out of its actions.

In the last ten years, the actions of the Ministry of Health prioritized a more humanized care, and PNH was launched for that. The first years of PNH were destined to the formulation and consolidation of the humanization as a public policy, with theoretical-methodological underpinning, and to the raising of awareness and mobilization of the health services, workers, managers and users. Thus, each patient to be attended is a unique experience.

In this field, we understand that, in practice, every patient brings with himself a new form of attendance, which is called individualized attendance. In order for us to understand better where this kind of attendance fits in the public service of health, we must then observe ESF, in which it brings as a main feature the strengthening of the team of health and the social actors as a focus.

ESF brings also a new way of proactive interaction between the team and the reality of each family. The group attendance in the units of health are also a reality, once such strategy has also as the focus the Collective Health, especially with actions of education in health.

However, even though ESF is a methodology to think about health as a wide view, including the social, cultural and health context where the patient is inserted, the application of curativist methodologies in the units of family health attendance was still a reality. Thus, associated with implantation of PNH, the professionals added the methodologies so the use of the tools offered in PNH were applied in ESF.

It can be observed yet that in ESFs it is fundamental the training of the team, because it daily comes across different structural family realities. The ESF professional must be inserted in the decision making for every kind of critical node found during the work and must be integrated to the other

services of the Healthcare Network (RAS) for the continuity in the process of care. This ability of interaction between the professionals is called Expanded Clinic, where each one is involved in the process of improvement of the user of health.

With PNH inserted in ESF, the user begins to be a co-author of his state of health, and his opinion is also considered and influences in the plan of care destined to him. This association of public policies allows an appreciation of the different subjects involved in the process of production of health with a collective participation even in the management process.

In order that the implantation of PNH in ESF and in the Health Network is optimized, it is necessary the construction of a working group of humanization with the purpose of intervening in the improvement of the processes of work and in the quality of the production of health for all. The construction of a working group draws people near, enables the transformation of the bonds already set, and also establishes a favorable environment to share the daily tensions and the difficulties found, debate the divergences and negotiate the innovative proposals.

The reception in the practices of production of health was also a change observed in ESF. This reception happens in any stage of the process of building of health, thus being a care open to alterations.

Finally the studies show us that ESF is the entrance door to the usage of public services of the Health Network and must be reinvented with autonomy and leadership of subjects, strengthening the social control with participative nature, democratizing the work relationships and value the health professionals with the purpose of strengthening the Basic Care and the Health Network.

Conclusion

We conclude that the inclusion of actions and tools of PNH contributed to the change in the characteristic of the team and the management of ESF, but there are still challenges. The implantation of tools such as the Expanded Clinic, Reception, Working Groups, among others, enables improvements both in the individual sense and in the collective sense. However, the team of Family Health must go through training in order to learn how to use the concepts and tools mentioned, as

well as actions of permanent education in health that allow an ethical and political reflection shared among managers, workers and users, in order to meet the proposal of humanization inside the Public System, thus fitting to the contemporary context of thinking of health.

This study included only the complete works, published in Portuguese and available on the databases indexed. It is suggested that new studies are carried out, which include international publications, theses, and bibliographic acquisitions available in literature.

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