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# Capítulo 3

## WELCOMING IN PRIMARY HEALTH CARE IN THE PERCEPTION OF THE MULTIPROFESSIONAL TEAM



# WELCOMING IN PRIMARY HEALTH CARE IN THE PERCEPTION OF THE MULTIPROFESSIONAL TEAM

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**Abstract:** The objective of this study was to understand the perception of professionals who work in primary health care about user embracement. An integrative literature review was carried out, and articles retrieved from the Virtual Health Library, Latin American and Caribbean Literature in Health Sciences, Scientific Electronic Library Online and Online System for Search and Analysis of Medical Literature were analyzed from the descriptors reception, humanization and primary health care, from the Boolean operators. Studies indicate that the perception of professionals who work in primary health care about user embracement is often associated with the screening of an acute complaint, carried out at a specific time, especially in the morning shift, by a professional category that is also specific and will lead only to a medical consultation. A transformation in the training of health professionals is necessary, starting from academia and even after they are inserted in primary health care services.

**Keywords:** Reception. Humanization. Primary Health Care.

## INTRODUCTION

The development of Primary Health Care (PHC) in Brazil began in 1924, with the Health Centers that were developed at the University of São Paulo (USP), with an extensive trajectory of creating health services and public health awareness (Brasil, 2024).

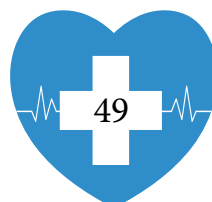
At the end of the 1970s and during the eighties with the imbalance of capitalism, the chance

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of a sense between states and classes was drastically replaced by the logic of the market, emerging movements that culminated in the first International Conference on Health Promotion, which made it possible to sign the Ottawa Charter of 1994, claiming the ideals of the Declaration of Alma Ata, being considered a precursor event of holistic health (Rafaela; Andrade, 2024).

In this context, the creation of coverage extension programs was established, agreeing on PHC as a guarantee of a health care module and expanding it through guaranteed access, based on universality; Completeness; equity; decentralization and social control (Brasil, 2024).

Primary Care (PHC) is based on the principle of decentralization, seeking to have maximum contact with people, ensuring the appreciation of equity and comprehensiveness of care, thus contributing to being the gateway with an emphasis on social participation, in which the focus on the patient and also on his family context collaborates for the insertion of the bond, humanization and community orientation (Stella; Maria, 2024).

PHC proposed that among the concepts to be transformed, the treatment model with the objective of cure should be replaced by the prevention of diseases, looking at the user as a whole and understanding their needs with regard to the sanitation of the environment in which they are inserted, the nutritional aspect, immunization interventions and health education. Understanding that the positive indicator of the user's health presence is understood as a factor of the health of the whole society (Lucioano; Helena; Edgar, 2023).

In this context, in 2003 the National Humanization Policy (NHP) was launched with the aim of transforming the management and care of the daily service of the Unified Health System (SUS), based on the principle of innovative transformations in which it leads to thinking about public health, which ensures, through constitutional principles, the right of every citizen to access health services in an equal manner (Martins; Cristin, 2023).

Humanization is a support related to the professional and users, in which it contemplates an intimate relationship based on welcoming to develop qualitative care. Even with studies aimed at making humanization viable, there are still difficulties in developing such practices in the services



(Moises; Pedrinho; Adriane, 2020).

The PNH, together with the Ministry of Health, works as an incentive for changes in power relations among managers, instigating dialogue so that there are no attitudes that negatively affect health professionals and do not harm users in their care, aiming at favorable working conditions and a functional reference network strengthening the potential of the PNH (Ivoneid; Valeria; Linda; 2022).

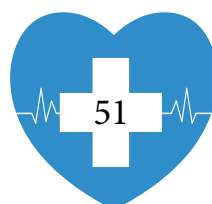
Welcoming is one of the guidelines of the PNH, it brings with it the action of approximation with users, and consequently is directly linked to humanization. Welcoming comprises qualified listening to what the user reports about his health-disease process, and based on dialogue, the professional and the patient will be able to outline the best therapeutic planning, seeking to solve the needs that led the user to seek health services (Santos et al., 2021; Gusmão et al., 2021).

In this discussion, it is important to emphasize that the vision that the professionals who make up the health team have about welcoming will have repercussions on the way they will perform their clinic in the routine of the services, thus, understanding the perspective of the professionals is a good point of support so that professionals and managers can effectively and realistically execute the needs of the population that seeks the service, Thus, the present study seeks to understand the perception of professionals who work in primary health care about user embracement.

## **MATERIALS AND METHODS**

This is an integrative literature review. This approach was adopted because it allows the combination of data from investigative and theoretical research, which can thus be directed to conceptualizations, registration of gaps in the areas of investigation, theoretical review and methodological analysis of studies on a specific subject, allowing the analysis of the literature (Ercole; Melo; Alcoforado, 2020).

In this sense, six interdependent and interrelated phases were considered: elaboration of the guiding question, search or sampling in the literature, data collection, critical analysis of the





included studies, discussion of the results and presentation of the integrative review. How the guiding question was defined: What are the perceptions of professionals who work in primary health care about welcoming? (Souza; Silva; Carvalho, 2010).

Studies were collected through an electronic search in the following databases available in the Virtual Health Library (VHL), Latin American and Caribbean Literature on Health Sciences (LILACS), the Scientific Electronic Library Online (SciELO) and the Analysis of Medical Literature (MEDLINE).

The inclusion criteria included complete articles available electronically and published in the last 5 years, in Portuguese, English or Spanish and that presented the theme proposed in the title, abstract or descriptors. Regarding the eligibility criteria, letters to the editor, literature reviews, editorials, duplicate articles, and those that did not unequivocally address the theme under study were considered.

The survey of the studies was conducted during the months of January to March 2024. As research strategies, the Health Sciences Descriptors (Decs) were used, retrieved through the website: <https://decs.bvsalud.org/>, which were welcoming, humanization and primary health care, for the refinement of the search and better selection of data for analysis, the Boolean and Boolean was used to combine the selected descriptors.

For data collection, an instrument validated by Ursi (2005) was developed for integrative reviews, covering the following categories of analysis: identification code, title of the publication, author and author's education, source, year of publication, type of study, region in which the research was carried out, and the database in which the article was published. After selecting the articles, the information that would be extracted from the studies was defined. To enable the apprehension of the information, a database developed in the Microsoft Office Excel 2010 software was used, composed of the following variables: title of the article, year of publication, study design, and main outcomes. The data obtained were grouped in a table and in thematic approaches and interpreted according to specific literature.



## RESULTS AND DISCUSSION

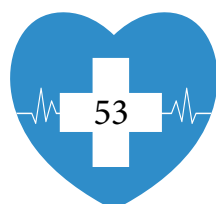
In this study, the perception of professionals who work in primary health care about user embracement was evaluated, in this sense, user embracement is a practice ensured by the contact between the professional and the user based on the service provided in primary care, which is a structure of the Unified Health System (SUS) and a reference of care and comprehensiveness in various care areas. Welcoming is a policy that strengthens health services and stabilizes the principles of SUS and Primary Care (Morschel; Barros, 2024).

In this context, welcoming is an opportunity to get to know the population to act on their real needs that are often not perceived in the first contact, through an established dialogue in which trust will be created based on the practice of care that will be evidently expressed. The execution should take place in all sectors of the unit through concrete daily situations, which will be revealed in the perspectives and intentions in the user's perception, as it is not only the professional who defines the health needs (Morschel; Barros, 2024).

The user has the power to define how important it is, and how relevant it is to him, taking into account that when opinions do not coincide, it is necessary that through knowledge in relation to the user, actions that translate into dissatisfaction, complaints and search for other services are identified. Practicing user embracement has the function of generating knowledge of each user, facilitating the daily service of the unit through the organization of teams, so that there is daily synchrony, increasing user satisfaction and confidence (Brasil, 2013).

In a study that evaluated the professionals' perception of user embracement, the following terms were identified: 'Meaning and conception of professionals'; 'Professional who performs the reception'; 'Characteristics and skills'; 'Facilitating factors for welcoming'; and 'Factors that hinder welcoming' (Palhares; Barbieri; Moraes, 2021).

For the professionals, welcoming means a practice of welcoming the user, through attentive



attitudes and behaviors; it is to give special attention and take into account comprehensive and holistic care, so that there is accountability for care, whether for the resolution of problems or for the necessary referrals (Palhares; Barbieri; Moraes, 2021).

However, it is still possible to perceive statements of professionals who believe that user embracement is related to the practice of screening, in which the user is selected, forwarded, directed or passed on, or that it can also be interpreted as a way to speed up the work process and enable the access of this same user (Freire et al., 2018; Junges et al., 2020).

The studies analyzed indicate that professionals often see user embracement directed to a limited environment and a professional category, however, it is emphasized that user embracement is not restricted to a physical space and is not an action designated for a single profession, but rather a necessary tool for all professionals in order to assist users in their health needs, in an integral and humanized way, at the individual level and in the territory. Technical training, often focused only on the execution of tasks, does not allow proximity and empathy with the user, in addition to interdisciplinary commitment in the context of the execution of the work process (Carrapato; Castanheira; Placideli, 2018).

The complexity of PHC due to health responsibility and consequently social demands, brings the need to prepare teams for welcoming. Thus, talking about welcoming in PHC is essential, as it is the gateway for users to the SUS, being the organizer of care in the Health Care Network. Thus, it is essential that the organization of the work process is based on the guideline of welcoming the comprehensive care of the population. Therefore, in order to meet the demands, it is necessary for the teams to discuss the main activities to be developed for the user embracement to occur (Brasil, 2013; Brasil, 2020).

Despite the lack of an exact formula for the practice of user embracement, some essential aspects for the good practice of this tool can be listed, such as the performance of user embracement throughout the period of operation of the health unit, the provision of urgent and emergency care, the existence of protocols that guide the actions that should be developed in contact with users, and



satisfactory waiting time (Sousa; Shimizu, 2021).

Allocating an agenda for same-day consultations, organized through reception, is a way to humanize care, as long as this distribution of consultations does not allow the underutilization of services, affecting the principle of longitudinality (Lima et al., 2019). The approach of continuing education with a focus on investing in the qualification of health professionals with a view to improving PHC practices is closely related to the success of the Family Health Strategy (Sousa et al., 2020).

## **CONCLUSION**

The studies indicate that the perception of professionals who work in primary health care about welcoming is often associated with the screening of an acute complaint, carried out at a specific time, especially in the morning shift, by a professional category that is also specific and that will lead only to a medical consultation, that is, this understanding contradicts the National Humanization Policy and leads to care focused on the biological and reductionist model. In this sense, a substantial transformation is needed in the training of professionals already in graduation and also through permanent education in health for professionals already inserted in primary care services.

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