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Acolhimento: concepções e práticas dos profissionais que compõem as equipes interdisciplinares do Hospital Universitário de Brasília

User Embracement: conceptions and practices of the professionals who are in interdisciplinary services at Hospital Universitário de Brasília

Acogimiento: concepciones y prácticas de los profesionales que componen los equipos interdisciplinarios del Hospital Universitário de Brasilia

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RESUMO: Este trabalho teve o objetivo de conhecer a percepção dos profissionais que vivenciam sua prática de trabalho em equipes interdisciplinares de serviços inseridos no Hospital Universitário de Brasília (HUB) da Universidade de Brasília (UnB) sobre o acolhimento. Pretendeu-se estimular a reflexão sobre o acolhimento; conhecer as bases teóricas que o fundamentam e os seus objetivos; além de identificar a compreensão dos profissionais acerca do atendimento das necessidades dos usuários Trata-se de um estudo qualitativo descritivo, em que os dados foram coletados por meio de questionário com perguntas abertas. Participaram da pesquisa 14 profissionais, integrantes das equipes do Centro Multidisciplinar do Idoso, do Projeto Com-Vivência e da Unidade de Assistência de Alta Complexidade em Oncologia. Constatou-se que as concepções de acolhimento estão de acordo com os conceitos e reflexões dos autores referenciados na literatura e a identificação de elementos como vínculo, escuta, fornecimento de informações, integralidade e reconhecimento das demandas contribuem para uma compreensão coerente com os princípios do Sistema Único de Saúde (SUS) e com a Reforma Sanitária. A legislação do SUS e da Política Nacional de Humanização respaldam as bases teóricas que fundamentam a prática do acolhimento pelas pesquisadas. Concluiu-se que, embora haja alinhamento teórico com os fundamentos do acolhimento, é necessário ampliar a sua concepção para além de uma atividade específica, exigindo um investimento maior na habilidade de cuidar e estar atento para acolher, o que contribuiria para melhor atender as necessidades dos usuários.

Palavras-chave: Acolhimento, Equipe Interdisciplinar de Saúde, Vínculo.

ABSTRACT: This work aimed to explore perceptions of the professionals who compose the interdisciplinary teams of the *Hospital Universitário de Brasília* (HUB) [Brasilia University Hospital] of the *Universidade de Brasília* (UnB) [University of Brasilia] about user embracement.

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It was intended to stimulate reflection on embracement; to know its theoretical bases and objectives; in addition to identifying the professionals' understandings about the answers to users' needs. This is a qualitative descriptive study, in which the data were collected through a questionnaire with open questions. A total of 14 professionals participated in the study, members of the *Centro Multidisciplinar do Idoso* [Multidisciplinary Center of the Elderly], the *Projeto Com-Vivência* [Com-Vivencia Project] and the *Unidade de Assistência de Alta Complexidade em Oncologia* [Oncology High Complexity Assistance Unit]. It was found that the user embracement conceptions are in accordance with the concepts and reflections of the authors referenced in the literature and the identification of elements such as bonding, listening, providing of information, completeness and recognition of the demands contribute to an understanding which cohere with the principles of the *Sistema Único de Saúde* (SUS) [Unified Health System] and the *Reforma Sanitária* [Health Reform]. The SUS legislation and the *Política Nacional de Humanização* [National Humanization Policy] support the theoretical bases that underlie the practice of user embracement by the objects. It was concluded that, although there is a theoretical alignment with the foundations of the user embracement, it is necessary to extend its conception beyond a specific activity, requiring a greater devotion in the ability to care and be attentive to embrace, which would contribute to better meet the needs of users.
Keywords: User Embracement, Health Interdisciplinary Team, Bond.

RESUMEN: Este trabajo tuvo el objetivo de conocer las concepciones de los profesionales que componen los equipos interdisciplinares del Hospital Universitario de Brasília (HUB) de la Universidade de Brasilia (UnB) sobre el acogimiento. Se pretendía estimular la reflexión sobre el acogimiento; conocer las bases teóricas que lo fundamentan y sus objetivos, además de identificar la comprensión de los profesionales acerca de la atención a las necesidades de los usuarios. Se trata de una investigación cualitativa descriptiva, según la cual. los datos fueron recolectados por intermedio de un cuestionario con preguntas abiertas. Participaron de la investigación 14 profesionales, participantes de los equipos del Centro Multidisciplinar do Idoso, del Projeto Com-Vivência y de la Unidade de Assistência de Alta Complexidade em Oncologia. Se constató que las concepciones del acogimiento están de acuerdo con los conceptos y reflexiones de los autores referenciados en la literatura y la identificación de elementos como enlace, escucha, suministro de informaciones, integralidad y reconocimiento de las demandas contribuyen a una comprensión del acogimiento coherente con los principios del Sistema Único de Saúde (SUS) y con la Reforma Sanitaria. La legislación del SUS y de la Política Nacional de Humanização apoyan la práctica del acogimiento por las profesionales. Se concluyó que, aunque haya alineación teórica con los fundamentos del acogimiento, es necesario ampliar su concepción más allá de una actividad específica, exigiendo una inversión más grande en la capacidad de cuidar y estar atento para acoger, lo que contribuiría para mejorar las respuestas a las necesidades de los usuarios.
Palabras clave: Acogimiento, Equipo Interdisciplinario en Salud, Enlace.

INTRODUCTION

User embracement has been discussed in the field of health and understood as a strategy based on the principle of completeness, within the scope of health policy and especially as a guideline of the Política Nacional de Humanização (PNH) [National Humanization Policy].

The Política Nacional de Humanização, created by the Ministry of Health in 2003, addresses the

> Humanization, as a set of strategies to achieve the qualification of health care and management in the SUS, establishes itself as the construction / activation of ethical-aesthetic-political attitudes in line with a co-responsibility project and qualification of inter-professional bonds and between them and users in health production.(1)

Established with the objective of meeting the need for advancement and qualification of the Sistema Único de Saúde (SUS) [Unified Health System], both in the attention to the user and in the work process of health managers and professionals, the Política Nacional de Humanização is addressed in a transversal way to the other health policies.(1)

The embracement should also be understood as a technological tool of intervention in the qualification of listening, in the bond building, in the guarantee of access with accountability and in the problem-solving services. Through its technical and assistance action, the embracement allows the analysis of work processes focused on relationships, stimulating changes and promoting the recognition of the user as a subject and active participant in the process of health production.(2)

The comprehension on embracement is adopted by the Núcleo Técnico da Política de Humanização [Technical Nucleus of the Humanization National Policy] as an act or effect of embracing, being synonymous with action of approach, that is, an attitude of inclusion. Thus,

> Embracement as a posture and practice in the actions of care and management in the health units favors the construction of a relationship of trust and commitment of the users with the teams and the services, contributing to the promotion of the culture of solidarity and to the legitimation of the public system of health.(2)

In this perspective and considering the importance of deepening the reflections about the embracement in health, the central objective was to know the perception of the professionals who experience their work practice in interdisciplinary teams of services inserted in the Hospital Universitário de Brasília (HUB) [Brasília University Hospital] of the Universidade de Brasília (UnB) [University from Brasília]

METHODOLOGY

It was decided to adopt a descriptive qualitative approach in the present study, considering that:

> the qualitative method is applied to the study of history, relationships, representations, beliefs, perceptions and opinions, products of human interpretations of how they live, construct their artifacts and themselves, feel and think.(3)

Considering the purpose of the research, a questionnaire was developed with open questions that were addressed to the professionals of the the Centro Multidisciplinar do Idoso (CMI) [Multidisciplinary Center of the Elderly], the Projeto Com-Vivência [Com-Vivencia Project] and the Unidade de Assistência de Alta Complexidade em Oncologia (UNACON) [Oncology High

Complexity Assistance Unit]. These services were chosen because they present characteristics of a work developed in an interdisciplinary perspective, composed of professionals from different areas, conducting activities together and the discussing collectively the cases in a team.

The inclusion criteria of the participants were: being included in the Services selected for data collection and having direct contact with the users.

Professionals who are not included in the interdisciplinary teams of the selected Services were excluded from the research, since although there are other multi-professional teams in the HUB, they do not always work in an interdisciplinary perspective. Professionals who refused to participate in the survey were also excluded.

The research subjects were personally contacted by the researcher at their workplace, by e-mail and by text message via telephone, individually and collectively through the WhatsApp working group. Note that invitations made personally received more responses.

The questionnaires were applied in the last two months of 2017 to fourteen HUB professionals, of which four belong to the CMI, one belong to the Projeto Com-Vivência and nine to UNACON, out of a total of seven, four and 24 professionals who compose each interdisciplinary team, respectively. Despite the researcher's efforts to contact the professionals, there was difficulty in getting their adherence to the research, especially in the more numerous teams and with the medical category, from whom there is no contribution to this study. It is assumed that the overloaded work routine, the excess of demands and the lack of interest of the professionals in describing, reflecting and discussing their work practice contributed to the low adhesion to the research. There were also difficulties in finding certain professionals due to the hours of service and the rotation of the shifts.

The data were submitted to the technique of content analysis proposed by Bardin, who, for the analysis of answers to open questions, suggests the organization of data into categories and the classification of elements of meaning contained in the answers.[4]

Based on the information obtained in the questionnaire responses, a descriptive analysis of the following sociodemographic data was firstly carried out: characterization of the subjects (gender, age, training area, educational level, year of graduation), institution affiliation, work time in the health sector and in the HUB as well as in the interdisciplinary team. Subsequently, the other responses were grouped in thematic categories created a priori that elucidate the conception of embracement, its objective in the service, the theoretical bases that support it and embracement as a professional intervention. And finally, the understanding about answer to the needs of users is identified. Participants were randomly identified from F1 to F14.

This research was approved by the Ethics and Research Committee of the Humanities and Social Sciences of the University of Brasilia, CAAE: 75187317.8.0000.5540, and all subjects agreed to participate by signing the Free and Informed Consent Term, in accordance with the Resolução 466/2012 [Resolution 466/2012] of the Conselho Nacional de Saúde [National Health Council].

CONTEXTUALIZATION OF RESEARCH SCENARIOS

The Brasilia University Hospital is a federal public institution that was created in 1972 during the military dictatorship and it is a unit of the University of Brasília. In 1979, through an agreement with the Instituto Nacional da Assistência Médica e Previdência Social (Inamps) [National Institute of Medical Assistance and Social Security], it was considered as a teaching hospital of UnB and in 2005 the HUB was certified by the Ministries of Education and Health as a school hospital [5]. The services are exclusively free, by the Sistema Único de Saúde (SUS) [Unified Health System] linked to the Secretaria de Saúde do Distrito Federal (SES-DF) [Health Department of the Federal District].

In 2013, the hospital was administered by the Empresa Brasileira de Serviços Hospitalares (EBSERH) [Brazilian Company of Hospital Services], with a legal personality of a private firm and with patrimony. It is observed that, in these five years of management of the HUB by EBSERH issues related to lack of funding, budget crisis, insufficiency of human and material resources, besides the difficulty of users' access to services and fragility of the health care network in different levels of complexity to meet the demands, are persistent problems.

At the beginning of the movement of the Ministry of Education to pass on the management of University Hospitals to third parties, Sodré et al, 2013, [6] already warned about the complexity of the issue and its implications on the teaching process, highlighting:

> It is necessary to know and reflect deeply about this management alternative, since it is not difficult to understand that the existing conflicts surrounding the management of HUFs [Federal University Hospitals] is also a reflection of the non-full realization of the SUS, as elaborated and defended by the Sanitary Reform movement started from of a clash of forces in the 1970s and 1980s.

Steytler and Oliveira, 2013, [7], collaborate with these reflections stating that:

> It is necessary to recognize the advances made in the field of health, especially in the legal aspects from the Federal Constitution of 1988. However, the offensives that the SUS has been receiving since its implementation makes the desirable SUS, "that one" of a universal right, quality, public, integral and with the participation of the population, is very far from being effectively conquered. This context is also experienced in the HUB, which in recent years suffers, as it happens in other university hospitals in Brazil, with the lack of funding and the budget crisis.

Another aspect that deserves to be highlighted and presented as an important challenge concerns the need of the university community to broaden and deepen the reflections on the autonomy of the University as an institution of teaching, research and extension in front of this new management model implanted in University Hospitals.

Centro Multidisciplinar do Idoso (CMI) [Multidisciplinary Center for the Elderly]

The Centro Multidisciplinar do Idoso (CMI) [Multidisciplinary Center for the Elderly], inaugurated in 2002 at the Brasília University Hospital, is intended to serve the elderly, except in cases diagnosed with early dementia, which present cognitive deficit and some type of dementia. Patients are admitted by medical referral from the various HUB clinics and from other health facilities in the eastern region of Brasilia. The patients are evaluated and referred to the multidisciplinary care, in which the therapeutic plan to be followed will be elaborated in a team meeting.

The CMI team consists of geriatric physicians, physiotherapist, social worker, neuropsychologist, receptionist, teachers of Dentistry, Pharmacy, Speech and Hearing Pathology and Nursing, interns and residents of medical and multi-professional residency programs.

In the CMI the following activities are developed: family care, neuropsychological tests, consultations with the professionals that make up the team, home visits, permanent education activity called magazine club, team meeting, visits to hospitalized patients followed by Geriatrics.

Projeto Com-Vivência [Com-Vivencia Project]

The Projeto Com-Vivência was created in 1996 as a university extension activity of continuous action, linked to the Deanery of Extension of the University of Brasilia, aimed at assisting users with HIV positive diagnosis and their relatives [8]. It works with patient scheduling and meets any demand related to the subject.

The Projeto Com-Vivência team consists of professionals in medicine (infectologists), nursing, pharmacy, social work and psychology, receptionist, medical and multi-professionals residents, as well as interns. The professionals work together with the Doenças Infecto-Parasitárias (DIP) [Infectious-Parasitic Diseases] team of the HUB.

The following interventions are developed: individual patient and family care, conversation circles, consultation with the professionals of the team, multi-professional visit to the patients hospitalized in the Clinic Medical ward and scientific meetings.

Unidade de Assistência de Alta Complexidade em Oncologia (UNACON) [Oncology High Complexity Assistance Unit]

In 2009, the HUB inaugurated the Centro de Alta Complexidade em Oncologia (CACON)

[Oncology High Complexity Center] and in early 2017, as a result of the new contracts, the Center is qualified as a Unidade de Assistência de Alta Complexidade em Oncologia (UNACON]) [Oncology High Complexity Assistance Unit].

UNACON consists of an outpatient treatment unit for people over 18 years old who are diagnosed with cancer. The treatment performed by an interdisciplinary team includes oncology, radiotherapy and brachytherapy apparatus. The users' entry for cancer treatment can be made through internal medical referral to people who are followed in other areas of the same hospital or through SES-DF regulation. For radiotherapy, the user subscribes to the SES-DF regulation system and for the hematological treatment, the input flow works with patient scheduling after medical evaluation.

The team consists of medical hematologists, medical radiotherapists, oncologists, physicists, medical psychiatrist, geriatrician with palliative care training, technologist, radiotherapy technicians, nurses, nursing technicians, nutritionists, psychologists, physiotherapists, speech therapists, social workers, occupational therapist, administrative technicians, receptionists, residents (medical and multi-professional) and interns.

Weekly, the following interventions take place: embracement, consultations by the professionals of the unit, scientific meetings and multi-professional visit in the beds destined to the oncological patients hospitalized in the infirmary of the Medical Clinic.

PRESENTATION AND DATA ANALISYS

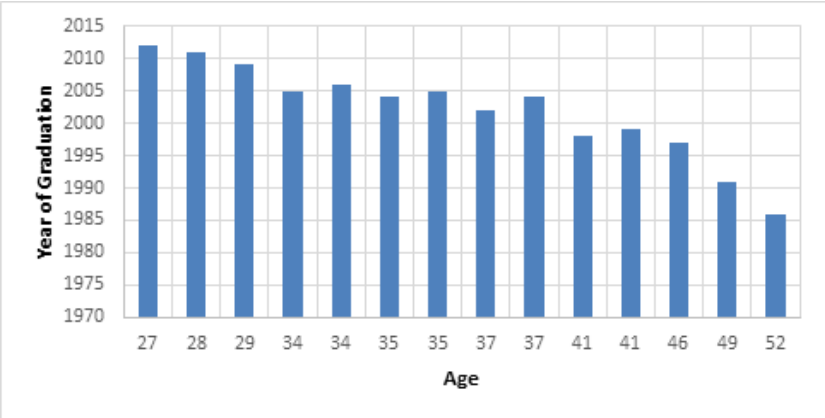
Caracterization of Research Participants

This item presents the characteristics of the study participants, professionals who compose the interdisciplinary teams of the CMI, Projeto Com -Vivência and UNACON of the HUB, because according to Chupel, 2008, [9]: "when one seeks to characterize something or someone, one seeks, in fact, to highlight, to distinguish, to point out peculiar characteristics of the object" [Translation]. It is observed that in the group of 14 studied participants, all are female professionals with training in the following areas: one from the Administration, three from the Social Service, two from Nursing, two from Physical Therapy, two from Speech Therapy, one from Dentistry and three from Psychology. All have higher education, although one of them occupies a high-school-level position as an administrative official.

Analysis about the expressive insertion of women in the health work market indicate the importance of understanding issues related to the labor market and the specificities of the health sector and services. Among the reasons to explain the expansion of the level of employment of women in the labor market, according to Lavinas, 2001,[10], is the breadth of the process of productive restructuring and the expansion of the services economy.

Regarding the age of those surveyed, it is identified an age group between 27 and 52 years old, most of whom are in the age range of 30 to 39 years, followed by the age range between 40 and 49 years. It is also verified that the highest number of professionals completed higher education in the period from 2002 to 2006, that is, they have between 11 and 15 years of training, according to Chart I.

Chart I - Year of graduation and age of the professionals surveyed



It is noteworthy that of the 14 surveyed, 14.2% reported not having done postgraduate studies, 42.8% have specialization and among these, 14.2% are graduate students, 14.2% have a master's degree and 28.5% have a doctorate degree. It is noticed that 85.7% of the professionals that integrate the teams of the interdisciplinary services researched invest in the improvement of their competences and abilities to work in the area of health and especially with specific populations.

Considering that the professional staff that work in the HUB is composed of employees contracted by the Fundação Universidade de Brasília (FUB) [University of Brasilia Foundation], by the EBSERH and volunteers, It's observed that 50% of them are EBSERH employees and 50% FUB employees, of which 21, 4% are UnB professors. The variability in the composition of the teams both contributes the development of the work process and integration of the teams, by encouraging the production of knowledge and critical reflection on the health process, and can hinder it, due to different factors, such as differentiation of the work regime.

Regarding the time in the area of health care, it is verified that half of the participants has between 11 and 20 years of work, followed by those with 1 to 10 years of work and a smaller number of those with more than 21 years of work experience in the health area. It is noticed that the greater number of professionals began the practice in health care after the implementation of SUS.

With regard to working time in the HUB, most have been working in the institution for less than four years, of which only one of the professionals has been working for less than a year. Followed by those that have been working at HUB for more than ten years. Only one participant has six years of permanence in the HUB and another one has been working in the hospital for 20

years.

As for the time that the professional is inserted in the interdisciplinary team researched, it is identified that 64.2% of the subjects have been part for less than four years and 35.7% have been part of the teams for more than 10 years.

The data reflect changes in the institution due to the entry of EBSERH to manage the HUB, the renewal of the staff by the termination of the temporary employment contract that existed for more than 15 years and the restructuring of services due to the new management model.

The Professionals' Conceptions of Embracement

In the analysis of the answers, we sought to reflect on the embracement conceptions present among the different professionals that make up the interdisciplinary teams.

In the set of responses, the conception of embracement is observed as a moment of reception, gateway and of information transfer: "*Embracement is the reception of the patient and family member in the unit of oncology*". (F6) "*It is a way to receive patients in the Service, with general presentation of staff, general clarification of questions.*" (F8) "*In my conception, embracement is an activity in which it's sought to receive the patient and to present the Service, the Unit, the professionals.*" (F14) "*To welcome the patient by giving the initial information about the treatment and services offered* "(F5).

A professional, however, presents the concept of embracement as a screening: "*The professionals welcome the patients who are coming to UNACON for the first time, performing a triage to start the treatment.*" (F1). This conception can be interpreted as a gateway service, however with the objective of sorting the patients for consultation service. Another professional opposes this concept by stating that: "*It is not limited to isolated and punctual actions, such as comfortable reception, good spatial dimension, administrative screening, or a good referral to specialized services*" (F4).

According to Franco et al, 1999, [11], the embracement as one of the ways to reorganize the logic of the health service, should provide users access, welcome, listen and know how to pass resolutive information about the demand, considering the availability of the service. The focus on passing information can be seen in the expression of one of the professionals: "*To welcome the patient by giving the initial information about the treatment and services offered*." (F5).

Also regarding the understanding of embracement with the purpose of reorganization of the work logic, one can identify in the response of the professional, an aspect placed by the author [11] in relation to the change of focus from the doctor to the multi-professional team: "… *it seeks to give*

a sense of confidence in the institution, in the treatment. Confidence that the physical needs as well as bio-psych-spiritual, psychological, financial will be provided with some kind of help even if they can not be solved."(F14). Thus, in addition to identifying demands, the team commit to respond to them as argued by Franco et al [11].

The embracement as a possibility to broaden the vision of health care and the demands of users, respecting their specificities, also understood as dialogue and content of any assistance activity and not necessarily of a particular activity, proposed by Teixeira [12] appears in the following answers: "*Looking at the patient as a whole.*" (F7) and "*It is looking at the elderly in a broader way, listening to the elderly person, although the person may have specific complaints, we have to take this into account. We have to give it importance, the embracement goes beyond hearing.*" (F9). This understanding allows an integral view and the communication between the teams members and the patients.

The professionals also cited the conception of the embracement as a way of looking, highlighting the lines of care and the different levels of attention in the construction of the therapeutic plan discussed jointly by the team as recommended by Silva and Alves [13]. "*It is the conception of the looking, of the line of care in the area of oncology in a complete way, that will value from primary care, secondary / tertiary / quaternary care and then a return to primary care in palliative cases*." (F10). However, the understanding of embracement as a space capable of including the voice of the user in the construction of therapeutic projects, pointed out by these authors, was not recognized in the responses of the participants.

Another conception found was that it involves establishing a link between the user and the health team: "*it's necessary a service with a focus on strengthening bonds*" (F12); "*... must be crossed by processes of liability, seeking to create a bond based on listening to problems, exchange of information, mutual recognition of rights and duties, and decisions that enable pertinent and effective interventions around the users' needs...*" (F4). It is noticed that, in this conception, there is the recognition of the embracement as a practice that makes possible the construction of bond with the team and that the professional assumes a listening and commitment posture to the users' needs as evidenced in the Policy[14].

The establishment of bond favors the professionals' awareness and deepening of the user's reality, so that the solutions of problems and improvement of services are shared by both. According to Ilha et al, [15] , "*the bond connects, approximates, allows mutual involvement between subjects (...). Moreover, the bond has a close relationship with the practice of care, since both foster harmony, exchange of affection and coexistence potentially reconstructive of autonomies"*.

According to this vision, Matumoto [16] emphasizes that embracement is a process of human relations, since it must be performed by all health workers in the various moments and types of

care. Thus, embracement represents more than a punctual action restricted to the gateway in the service, it must be present throughout the health treatment.

Analyzing the aspects present in the embracement conceptions of those surveyed, it was identified that elements such as bond, way of looking, listening, providing information, completeness and identification of the demands certainly contribute to an understanding of embracement consistent with SUS principles and with the Sanitary Reform, which proposal is based on the expanded conception of health and the guarantee of social rights, although there is a fragile understanding about some essential elements, such as the active participation of the users in the construction of the therapeutic plan.

Objectives of embracement in CMI, Projeto Com-Vivência and UNACON

The present part exposes the objectives of the embracement as highlighted by the professionals in the services they are inserted.

In the CMI, the professionals indicate the following objectives of embracement: "*Multidisciplinary care with the intent to evaluate the patient and the context in which he / she is inserted, to elaborate the care plan.*" (F2); "*Understand each patient in its biopsychosocial complexity*" (F11); "*Treat the patient in an integrated way.*" (F7); "*We broaden and look at this elderly person on the whole so that we can prioritize the care of this elderly person, to see what is more important or what is a priority in terms of hierarchical organization.*" (F9). It is understood that in this team the objectives of the embracement are consistent with the concept of integral health and the notion of complementarity of the different visions of professionals in the planning of care.

At UNACON, the objectives of the participants are: "*The goal is to present the service, evaluate the needs.*" (F14); "*The purpose of the embracement is to receive the patient and family member in the oncology unit passing basic information and essences in this first contact*." (F6); "*To guide the patients regarding the accomplishment of the treatment in oncology and other services*" (F1). In view of these goals, it can be said that the idea of socialization of information is present in the team as well as the recognition of the health demands of the users of the Service. Regarding this matter, Silva, [17] reflects that "the socialization of information is a fundamental component for the realization of rights, as it presents itself as an action to strengthen the user to access to these rights and to change their reality."

In the project Com-Vivência, the purpose of the embracement is to "*link the patient to the service and promote adherence to treatment.*" (F12). [Translation] Regarding the aspects that may or may not contribute to the patient's adherence to a given service, that is, institutional linkage and the formulation of the desire to perform the treatment, it's notable the team's efforts in establishing

a bond between professionals and users.

Theoretical bases of embracement in the participants' perspectives

Regarding the participants' view on the theoretical bases of embracement, it is verified that almost half of the professionals affirm that they do not know its fundamentals. Thus, it should be considered that a significant number of professionals is far from the relation between the theoretical aspects and the intervention performed in the services.

In relation to the professionals who indicated the theoretical aspects that guide their embracement practice, the SUS and the Política Nacional de Humanização (PNH) [National Humanization Policy] were presented in a significant way, while the specific theoretical support of the vocational training area was quoted on a smaller scale.

In several responses from the participants were quoted: "*Sistema Único de Saúde; Política Nacional de Humanização; Política Nacional de Saúde da Pessoa Idosa* [National Health Policy for the Elderly]; *Portaria 249/2002 of the Ministry of Health* ([ministerial ordinance] *on the creation of reference centers for care of the elderly)*."(F2); "*Política Nacional de Humanização*" (F11); "SUS; HUMANIZE SUS. "(F4); "*User access to health services as a citizen protected by Social Security*." (F5). In addition, two participants pointed out specific references of their training area: "*psycho-oncology*" (F14) and "*Cognitive-Behavioral Therapy*". (F12).

The question of interdisciplinarity was also identified: "*I think there is a lot of the humanization metter, of interdisciplinarity*." (F9).

Embracement is an important strategy to implement the principles and guidelines of the SUS and it is noted that *integrality* is present in the response of the professional: "*Humanization, integrality.*" (F5).

Finally, it is observed that more than half of the participants indicate the PNH, 2004, [(1)] as a theoretical basis to support embracement defined as the reception of the user, in which the professionals must undertake, integrally, the duty to listen to their demand, allowing to express all the feelings exposed, but worrying to set the necessary boundaries, guaranteeing a resolute attention, in view of the articulation with the health services for the continuity of care.

Embracement as a professional intervention

When knowing the view of the participants about embracement as a professional intervention, it is emphasized that almost all the participants of the research evaluate embracement as an intervention. It is emphasized that half of the professionals answered only "yes", without

commenting on the question and those who complemented the affirmation brought: "*Ethical commitment to ensure quality in multidisciplinary care*." (F2); "*…orientate the treatment.*" (F7) "*Inherent in the whole process of treatment, not restricted to a single moment.*" (F3); "*Certainly. Any orientation we give, any question, any listening is already an intervention.*"(F9); "*the professional, besides listening to the patient, can intervene depending on the complaint, the difficulty of feeding, pain, weight loss, difficulty of communication.*" (F10). Only one of those surveyed does not consider embracement a professional intervention, and states: (F13) "*Not exactly, but it serves as a first evaluation.*" (F13). Although not assertive, it brings the dimension of evaluation into embracement.

In relation to this matter, Matumoto, (16) reinforces the professional intervention when referring to the theme of embracement in health care:

> In everyday life, the relationships that characterize health work and crystallize their practices takes place, that is, they transform service into an act. The meeting between the worker and the user brings to light the needs of the user who sought the health service, the needs of the professional that attends, both being mediated.

Embracement and answering of users' necessities

In addition to the characteristics described by the participants, it is fundamental to know if the embracement intervention meets the needs of the services users.

In the CMI, half of the interviewees stated that the embracement meets the needs of the users, and the rest were equally distributed in the non-answers and partially answered. The professionals who say that the embracement answer the demands of the users consider that the guidelines passed are sufficient to meet the needs. Those who say no, justify that: "*the demands presented will not be met with only initial orientations, and monitoring is necessary to verify if these guidelines have been followed*" (F9). However, those that declare that it partially complies, state that: "*the guidelines related to oral health and hygiene will be followed, but there are complex rehabilitation needs that are not possible to be met in the HUB*." (F11).

In the Projeto Com-Vicência it is believed that the embracement intervention meets the needs of the users. It is argued that: "*the embracement is fundamental in the service where I work, because patients come to us with questions about how to start medical follow-up and pharmacological treatment, fear of suffering prejudice by the health team, continuation of life projects and disclosure of the diagnosis*"(F12).

At UNACON, on the other hand, almost half responded that the embracement intervention meets the needs of users, to a lesser extent expressed negatively and also that it partially meets, "*they argue that there is no space at that timing to build a joint care plan by the team and that much information is passed on by professionals of which users cannot absorb everything.*" (F8). Only

one professional chose to respond "no" to the embracement intervention and to the needs of the users, because he / she understands that this questioning does not correspond to their professional assignments.

Professionals who say yes, declare that: "*the intervention contributes to demystify prejudices, fears and misconceptions about cancer treatment*." (F4); "*Collaborates to answer questions and assists in the organization of treatment.*" (F13).

Research participants who acknowledge that the embracement intervention does not meet the needs of users claim: "*it is not possible to meet, because some needs go beyond that space*" (F14). They suggest as a proposal for change: "*a more pragmatic presentation, with similar areas all together to facilitate the user's understanding and to avoid repetition of the same information, requiring different time to ask questions and give professional guidance*." (F10).

FINAL CONSIDERATIONS

It was found that the embracement conceptions of the respondents are in agreement with the concepts and reflections of the authors referenced in the literature on the subject. When analyzing the answers about the theoretical bases that underlie the practice of the embracement, it is verified that the majority is based on the SUS legislation, the PNH and other health policies. Even so, it is observed that a view of the embracement as a primary care predominates and not as a posture that must be present all along health treatment. This view has repercussions on the participation of the user in their treatment process, whose protagonism as a fundamental part of the embracement was not identified in the opinions expressed by the respondents.

It was also identified that the presence of elements such as bonding, listening, providing information, integrality and identification of the demands contribute to an understanding of embracement consistent with the SUS principles and the Sanitary Reform which proposal is based on the expanded conception of health and the guarantee of social rights. It is noticed that a great part of the professionals devotes to the improvement of their competences and abilities to work in the area of health, especially with the specific populations.

It was verified that in an interdisciplinary team the objectives of the embracement are consistent with the concept of integral health and the notion of complementarity of the different visions of professionals in the planning of care. In another team, we highlight the socialization of information as the central goal of the embracement, however, there was the insecurity among the professionals about the users' understanding of the information. Another service points to the construction of the link between professionals and users as the main goal of embracement.

It can be affirmed that one of the challenges that the reflections present on this study poses to the professionals of the health services is to expand their conception of embracement beyond the

specific activity and to consider it a process of human relations, since it must be carried out by all the health workers in the various moments and types of care. This requires a greater improvement in the ability to care for and to be prepared to embrace. This improvement would contribute to better serve the needs of users, since several respondents pointed out that the embracement intervention does not reach its goal.

Another aspect that deserves to be highlighted is the work process, especially the changes in the Health Policy and in the new forms of management, which reinforce the overload of work, the difficulty of access by the users and the excess of demands, reflecting the lack of interest of professionals in describing, reflecting and discussing their work practice as well as coping alternatives.

The limit of the study was given in relation to the short time for data collection and analysis, due to the delay in the acceptance of the project in the Ethics and Research Committee.

It should be emphasized that new studies on the subject should be carried out with the purpose of deepening the reflections regarding the embracement conceptions as well as contribute to the improvement of the health practices.

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