In this study, defending the thesis that including the other (worker/manager/user) in health care practices, based on the principles and directives of the National Humanization Policy (Política Nacional de Humanização-PNH), leads us to practices of the humanization of care developed in the Hospital Health Care Establishments (EASH). The objective of this exploratory, descriptive, and qualitative study was to better comprehend how including the other occurs in the health care developed in the EASH. The Roda method, as well as the methods, directives, equipment, and tools of the PNH were used as methodological resources, as the study focuses upon including the other in the process of the humanization of health care. Thus, the objective of the methodological method was the discourse of the workers, managers, and users who produce and receive health care in the hospital. This discourse was collected utilizing the Roda method (Paidéia model). The scenario chosen for operationalizing this study was an EASH of medium complexity, located in the county of Greater Florianópolis, SC, BR. The social actors of this study were nine (09) health care workers and eight (08) managers from the hospital, and eight (08) users of the Brazilian National Health Care Plan (SUS). As such, they either receive or produce health care in the scenario investigated. After initial selection, three groups were constituted from these actors; a user group, a worker group, and a manager group. The data was collected from November of 2007 to March of 2008. The used technique was the “Rodas de Conversa” (Conversation Circle): the group serves as a methodological instrument/tool. In the Paidéia model, some stages become are essential. In this study, the following were adopted: to construct to bonds and contracts between the health care workers, managers and users, to define the subjects and to construct intervention project. Collective Subject Discourse was the methodological reference applied to data analysis. After the systematization of the data, the following subjects had been identified in the groups: PNH, humanization of health care practices; the work process; and related technologies. Finished these stages, the following task were to the elaboration of the drawing of intervention, constructed collectively through the data collected in the three groups. This construction was possible as a result of the data collected from the three groups. Including the actors permitted a better understanding of the various situations which permeate the production process of health care. Collectively to construct a proposal of intervention based on the speeches of the involved ones makes possible the protagonism of these citizens, therefore problematical the lived one in its daily one. To place them in the scene and scene favored to know the diversity of opinions, the diverse looks, to contemplate different realities that thus permeate the process of work in health in a EASH and, to point the possibilities so that the care in health is humanize, in accordance with what praises the PNH.

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