

INDEX OF HUMANIZATION OF BASIC HEALTH UNITS IN A MUNICIPALITY IN NORTHEASTERN BRAZIL

Índice de humanização das unidades básicas de saúde em um município nordestino do Brasil

Índice de humanización de las unidades básicas de salud en un municipio del noreste de Brasil

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ABSTRACT

This study aimed to measure the humanization index of Basic Health Units in a northeastern Brazilian municipality. It is a quantitative, descriptive field survey study using validated questionnaires applied to workers, users, and managers of the Basic Health Units between April and June 2024. A total of 207 people participated, including 61 workers, 138 users, and 8 managers. The humanization index was classified as very good in the municipality's primary health care, presenting a value of 0.82 for the index and values of 0.83, 0.80, and 0.84 for the evaluated dimensions: workers, users, and managers, respectively. Based on the results, it is possible to generate reflections on the practices being developed. To improve primary health care, it is suggested that workers at this level of care receive training on the topic of this research.

Keywords: Humanization of services. Evaluation study. Health management.

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RESUMO

O presente trabalho objetivou mensurar o índice de humanização das Unidades Básicas de Saúde em um município nordestino do Brasil. Trata-se de um estudo quantitativo, descritivo e de levantamento de campo, com a utilização de questionários validados e que foram aplicados aos trabalhadores, usuários e gestores das Unidades Básicas de Saúde, entre abril e junho de 2024. Obteve-se uma participação de 207 pessoas, sendo 61 trabalhadores, 138 usuários e 08 gestores. O índice de humanização foi classificado como muito bom na atenção primária à saúde do município, apresentando o valor de 0,82 para o índice e os valores 0,83, 0,80 e 0,84 para as dimensões avaliadas: trabalhadores, usuários e gestores, respectivamente. A partir dos resultados, é possível gerar reflexões sobre as práticas que estão sendo desenvolvidas. Visando o aprimoramento da atenção primária à saúde, sugere-se a capacitação dos trabalhadores inseridos neste nível de atenção, quanto ao tema desta pesquisa.

Palavras-chave: Humanização dos serviços. Estudo de avaliação. Gestão em saúde.

RESUMEN

Este estudio tuvo como objetivo medir el índice de humanización de las Unidades Básicas de Salud en un municipio del noreste de Brasil. Se trata de un estudio de campo cuantitativo y descriptivo que empleó cuestionarios validados, aplicados a trabajadores, usuarios y gestores de dichas unidades entre abril y junio de 2024. Participaron un total de 207 personas: 61 trabajadores, 138 usuarios y 8 gestores. El índice de humanización de la atención primaria de salud en el municipio se clasificó como “muy bueno”, con una puntuación global de 0,82 y valores de 0,83, 0,80 y 0,84 para las dimensiones evaluadas (trabajadores, usuarios y gestores, respectivamente). Estos resultados sirven de base para reflexionar sobre las prácticas actuales. Para mejorar la atención primaria, se recomienda que el personal de este nivel asistencial reciba capacitación sobre la temática abordada en el estudio.

Palabras clave: Humanización de los servicios. Estudio de evaluación. Gestión sanitaria.

INTRODUCTION

The National Policy for Humanization of Care and Management, launched by the Brazilian Ministry of Health, is implemented following the principles of the Brazilian Unified Health System, which seeks to emphasize the need to ensure comprehensive care for the population and expand the conditions of rights and citizenship of people¹.

This policy aims to provoke new practices in health management and production, proposing to the different subjects involved in these practices the challenge of overcoming limits and experimenting with new forms of service organization and new modes of production and circulation of power, so that there is a balance of forces².

As a health policy, humanization must be placed within the context of evaluations, to give visibility to priorities, allow for a closer approximation to reality, and provide elements for planning and implementing health actions^{1,3}.

The Health Services Humanization Index (HSHI) consists of a set of variables based on the principles of the National Humanization Policy (NHP) and can be used as parameters for evaluating humanization actions in health services. The HSHI is a validated quantitative research instrument designed to measure the degree of humanization of health services at all levels of care^{3,4}.

The HSHI ranges from 0 to 1, so the closer to 1, the more positive the perceptions are about a given dimension of the NHP, namely: work dimension, management dimension, and user dimension. Each of these three dimensions represents an indicator: Indicator of Perception of Humanization at Work; Indicator of

Perception of Humanization in Management; Indicator of Perception of Humanization in User Service. The combination of the three indicators makes up the HSHI⁵.

A systematic review study on the humanization of health services in Latin America found a gap in the evaluation of humanization policies and programs regarding their effectiveness and implementation, and another gap in standardized instruments used to measure dimensions and behaviors (knowledge, attitudes, or practices) related to humanization in health⁶.

In the context of primary care, the Family Health Strategy is a suitable space for reorienting the care model and, therefore, for implementing a humanized health care model, with professional practices that have the potential for transformation (centered on bonding, accountability, comprehensiveness, and teamwork); that respect the citizen; and that raise the quality of services⁷⁻⁸. In this sense, to affect this reorientation and promote changes in health care and management models, it is opportune to invest in the implementation of the devices that guide the National Humanization Policy (NHP)⁹.

Thus, considering the importance of humanization actions and the need to evaluate them as a public policy, this study aimed to measure the Humanization Index of Basic Health Units (BHU) in a municipality in northeastern Brazil by calculating the overall Humanization Index and the indices for its three dimensions: workers, managers, and users.

METHOD

This is a quantitative, descriptive field survey study¹⁰, conducted between April 2024 and June 2024. The research sites were the eight primary health care units (PHCU), located in the urban and rural areas of the municipality¹¹.

Validated questionnaires were used and applied to workers, managers, and users of the primary health care units, with one questionnaire for each dimension evaluated (work, management, and user)⁵. The questionnaires used ordinal *Likert-type scales* with five response options (strongly disagree, somewhat disagree, somewhat agree, strongly agree, do not want to answer), where two options led to a negative evaluation, two to a positive evaluation, and one option referred to the desire to "not want to answer the question". For each dimension, there is a set of questions capable of estimating its content. These questions allowed respondents to express their opinions regarding situations or conditions related to the guidelines of the National Humanization Policy (NHP) (represented by the values of the variables) present in the PHCU surveyed.

The study participants were professionals and managers working in the eight primary health care units (PHCU), and users of these services. For the sample size, related to professionals and managers, the entire universe of these workers was considered. In July 2023, data from the Municipal Health Secretariat indicated a total of 102 professionals from the Family Health Strategy, distributed across the eight PHCU in the municipality. Each of these units had a professional responsible for its management, totaling eight managers.

For users, those with active registration at the PHCU and aged between 20 and 59 years old (a representative age group of the adult population) were considered¹²⁻¹³. The limitation of the age range is justified so that the responses could be more homogeneous. In April 2023, data from the Family Health Strategy indicated a total of 13,348 users with these characteristics, distributed across the eight PHCU.

To calculate the sample size, the formula for quantitative variables was used^{5,14}, finite population, confidence level (90%), maximum tolerated sampling error (7%), and error-to-correct outcome of 50%, resulting in a sample of 137 users. Aiming for a better distribution of this sample size among the primary health care units, the sample was increased to the next whole number with exact division by 8, obtaining a value of 144 users. Therefore, the research was estimated to be carried out with 18 users from each PHCU. The sample collection method was convenience sampling, taking into account the inclusion criteria of the research. This method of data collection is justified by the researcher's accessibility to the research participants¹⁴.

The inclusion criteria for research participants were: a) for health professionals and managers: being a professional in the Family Health Strategy; having secondary or higher education; having an employment relationship with the municipality; b) for users: being between 20 and 59 years of age; being attended at the studied Primary Health Care Units; being conscious, psychologically oriented, and in favorable clinical conditions. All participants signed the Informed Consent Form upon voluntarily agreeing to participate in the research, after being informed about it.

To measure the humanization index, the following steps were necessary: 1) Calculation of the score for each item/question; 2) Calculation of the index value for each variable of the National Humanization Policy (NHP); 3) Calculation of the index value for each dimension (work, management, and user); 4) Calculation of the Humanization Index (HSHI) value.

Microsoft Excel spreadsheet, and subsequently, the scores were calculated, in which the categorical data from the *Likert ordinal scale* were transformed into numerical data.

Next, the index value for each variable, across the three dimensions, was calculated based on the set of questions responsible for its measurement. To do this, the arithmetic mean of the scores for each variable's questions was calculated, and a formula was applied that converts the values between 0 and 1. When this value approaches 1, the index indicates the best situation, and when it approaches 0, it tends towards the worst situation⁵.

The next step was to calculate the index value for each dimension (work, user, and management). The values were obtained through arithmetic mean, based on the values of the corresponding organizational variables for each dimension. The composition of the final index (SHI) was obtained through the arithmetic mean of the indicators in the three dimensions. The values found were interpreted using the categorical scale⁵, as presented in Table 1.

Table 1 - HSHI categorical scale. São Paulo, SP, Brazil, 2015

Excellent	0.90 to 1.00
Very good	0.80 to 0.89
Good	0.60 to 0.79
Bad	0.40 to 0.59
Very Bad	0.20 to 0.39
Terrible	0.00 to 0.19

Source: Souza (2015)⁵.

Regarding ethical aspects, the research received a favorable opinion from the Research Ethics Committee of the Federal University of Alagoas, as per Opinion No. 6,744,416.

RESULTS

After applying the sample selection criteria, 207 of the 254 initially planned participants took part in the study, 207 people participated, including 61 workers, 138 users, and eight managers. Within the eligible population, in the workers category, 41 were on vacation, absent from work, not present at the primary health care units at the time of data collection, or did not wish to participate. In the user's category, there was a deficit of six users from rural areas due to official mourning decrees and optional holidays, which limited the number of suitable days for data collection in these hard-to-reach areas.

The questions that received the highest scores were: autonomy to organize and execute work (score 10.00 in the work dimension); dignified and respectful service (score 10.0 in the user dimension); and welcoming and effective service, a policy to reduce queues, and freedom of expression of religious beliefs (score 10.00 in the management dimension).

While the questions that received the lowest scores were: identification of professionals (score 2.79 in the work dimension); participation in management (score 5.55 in the user dimension); and horizontalization of command lines (score 6.00 in the management dimension).

Tables 2, 3, and 4 show the indices for each variable, already converted between 0 and 1, and the indicator value for each dimension researched (work, user, and management). Table 2 refers to the indicator of perceived humanization in the work environment, and it was observed that the final perception of humanization index - Workers value of 0.83 classifies it as "very good".

Table 2 - Indicator of Perception of Humanization in the Work Dimension. Joaquim Gomes, AL, Brazil, 2024.

Variable	Index
General factor of adequacy to the NHP	0.60
Job satisfaction and professional recognition	0.79
Communication and management support	0.90
Environmental conditions and material resources for work.	0.85
Knowledge of the unit's assigned area and the municipality's healthcare network.	0.83
Opportunity to participate in and learn about the hierarchical structure.	0.98
Coverage to other sectors	0.84
HUMANIZATION PERCEPTION INDEX – WORKERS	0.83

Source: The authors (2024).

Table 3 refers to the indicator of perceived humanization in user care and shows a final Perception of Humanization Index – Users value of 0.80, classifying it as "very good".

Table 3 - Indicator of Perception of Humanization in the User Dimension. Joaquim Gomes, AL, Brazil, 2024.

Variable	Index
Visibility of the National Humanization Policy (NHP) in the service.	0.46
Effectiveness and reliability in the service.	0.89
Welcome	0.98
Information provided to the user	0.90
Secrecy and confidentiality	0.99
Ambience	0.75
Knowledge and identification of professionals	0.65
PERCEPTION OF HUMANIZATION INDEX – USERS	0.80

Source: The authors (2024).

Table 4 refers to the indicator of perceived humanization in the management of health services and shows the final value of the Perception of Humanization Index – Managers of 0.84, classifying it as "very good".

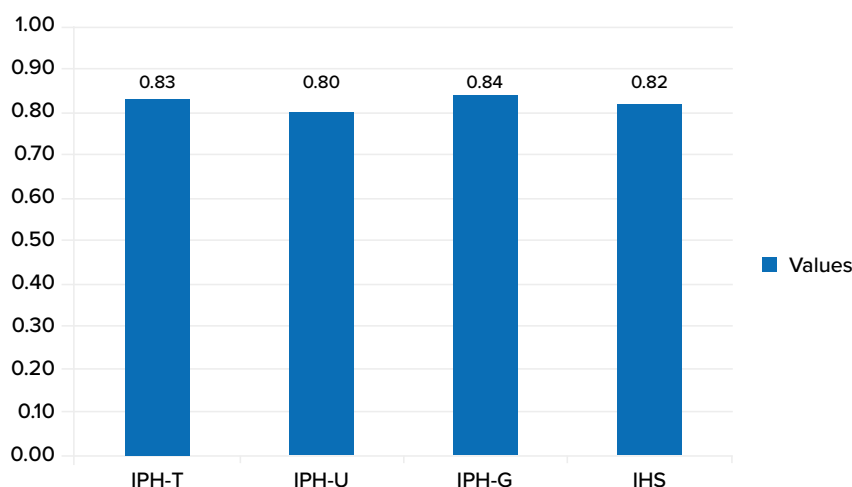
Table 4 - Indicator of Perception of Humanization in the Management Dimension. Joaquim Gomes, AL, Brazil, 2024.

Variable	Index
Visibility of the principles of the National Humanization Policy in the service.	0.78
Impact of the National Humanization Policy guidelines on service management.	0.74
Access to religious services	1.00
PERCEPTION OF HUMANIZATION INDEX – MANAGERS	0.84

Source: The authors (2024).

The final index composition (HSHI) obtained a value of 0.82. Therefore, the humanization index was classified as "very good" in primary health care at the municipality's BHU, as shown in graph 1.

Figure 1 - Humanization Perception Indicators across the three dimensions (IPH-T, IPH-U, and IPH-G) and the Health Services Humanization Index (IHS). Joaquim Gomes, AL, Brazil, 2024.



Source: The authors (2024).

DISCUSSION

The classification of the humanization index in the BHU as "very good" can be explained by the fact that the municipality has been highlighting the theme of humanization in health services in a more solid way since 2019. During this period, the municipality offered professional development courses to its workers, addressing issues related to humanization in health, with the aim of improving Brazilian Unified Health System care and strengthening teamwork, especially in Primary Health Care, also giving importance to the quality of life of the employee¹⁵.

This result can be useful to demonstrate the effectiveness of implementing the Humanization Policy in primary care in the municipality, since the instrument used to collect data in this study was constructed based on the principles and guidelines of the NHP, and validated by experts^{3,5}. Evaluation is an essential part of the implementation of policies or programs, within which the different aspects of the proposal (of these policies or programs) and the way it is carried out, that is, how it works in practice, must be considered⁶.

By applying the questionnaires, it was possible to understand the humanization behaviors (knowledge, attitudes, or practices) existing within the municipality's primary health care units, thus providing objective and useful measures for local decision-making. The fact that the indicators of perception regarding humanization at work, in user care, and in management were all classified as "very good" demonstrates uniformity in understanding among the three subjects involved in care (workers, users, and managers).

The first variables of each dimension (work, user, and management) are related to the degree of adequacy to the NHP guidelines and the visibility of this in health services, being considered the first factor of importance for humanization in such services⁵. In the research, this visibility demonstrated to be influenced by the best-known principles and devices of the NHP, which are already implemented in the primary care service, such as: reception; risk classification; expanded and shared clinical practice; defense of users' rights; others.

In the workers' perception, the aspects that obtained the lowest scores within the variable of service adequacy to the NHP guidelines were: the identification of professionals and the offer of a career plan by the health institution. These identified gaps are related, respectively, to the principle of transversality (communication between subjects) and the guideline of valuing the worker, advocated by the NHP¹⁶.

In the users' perception, the variable of NHP visibility in the service obtained a score considered "poor," with the aspect of participation in management presenting a significantly lower value compared to the other aspects of this variable. In the management dimension, attention is drawn to the issue of the horizontalization of command lines as the aspect with the lowest score, which also influences the visibility of NHP principles in the service. These spaces are related to the principle of protagonism, co-responsibility, and autonomy of the subjects, and to the guideline of co-management, being considered challenges that need to be overcome for the production of health in the Brazilian Unified Health System¹⁶.

The other variables evaluated in the three dimensions obtained a score considered "good," "very good," or "excellent," with particular emphasis on the aspects of autonomy to organize and execute work (in the work dimension); dignified and respectful care (in the user dimension); and welcoming and effective care, a policy to reduce waiting lists, and freedom of expression of religious beliefs (in the management dimension), which obtained the maximum score. Thus, the positive impact of implementing these variables in the municipality's primary care service is evident.

Analyzing the aspects that received the lowest scores, the results of this study showed a deficiency in the use of name tags and nominal and functional identification of professionals. The use of identification badges by workers is a tool to humanize the care/service provided to the user-patient, as well as assisting in interpersonal relationships with the work team, and contributing to the safety of health establishments. It is, therefore, a useful measure for more humanized and secure personal communication¹⁷. In addition, it can also be a way of valuing the worker, due to the feeling of belonging to the staff of the health institution.

In the field of communication, the National Humanization Policy (NHP) guides the implementation of communication and information mechanisms that stimulate the development, autonomy, and protagonism of teams and the population. Transversality, which is a principle of the NHP, refers to increasing the degree of communicational openness, that is, expanding group dynamics or forms of intra- and inter-group connection¹⁶. When analyzing the role and influence of interpersonal communication in healthcare, it is observed that one way to make patients feel safe is when healthcare professionals identify themselves by means of a badge and introduce themselves by stating their name¹⁸.

Another point regarding communication and information relates to access and opportunity to make complaints, suggestions, or compliments. In the user dimension, this aspect obtained the second lowest score, within the set of questions responsible for the visibility of the National Humanization Policy (NHP) in the service. User and worker satisfaction surveys, customer service, and the implementation of ombudsman offices are very useful tools for certain institutional diagnoses, for planning the work environment (physical, social, and interpersonal environment), and for organizing work processes¹⁹.

These tools influence the visibility of the National Humanization Policy (NHP) in the service, and guarantee the right to complain and suggest, assisting in improving the quality of the service provided and guaranteeing the rights of citizen-users¹⁹⁻²⁰. The NHP encourages communication and co-responsibility among the three actors involved in care on an ongoing basis within health services¹⁶. It is worth mentioning that carrying out this evaluative study can also be considered a useful initiative for understanding opinions and for local diagnosis.

The aspect related to user participation in management received the lowest score and contributed to the "poor" rating of the variable "visibility of the National Humanization Policy (NHP) in the service" in the user dimension. From a management perspective, the existence of "lines of command" within health services involves governmental and political interests, capable of generating conflicts and disputes that can lead to the hierarchization of decision-making. Discussing this, the PNH proposes new modes of production and circulation of power to achieve a balance of forces, that is, it seeks a horizontalization of these lines of command. To this end, it encourages the expansion of spaces for social control through, for example, co-management and participatory management, in order to promote greater participation of health workers and users in decision-making processes, i.e., in the management of the institution^{1-2,16}.

From this perspective, a study showed that the implementation of co-management, through a management board in a health unit, was a successful experience, and that it was facilitated by the performance of the institutional support team of the health district to which the unit belongs. The management board is a space where managers, health workers and users discuss and make decisions collectively, making management participatory and democratic²¹.

Institutional support is one of the strategies adopted by the Ministry of Health for the inclusion of the National Humanization Policy (NHP) in health services, and it consists of training supporters within the services. These workers will be multipliers and supporters of the NHP in their workplaces, where, through courses and workshops, training or intervention that present a dialogical and problem-solving character, they can build new realities in health through the experience of the guidelines and devices of the NHP²². This promotion of the valorization of individuals will enable the improvement of the work processes of the teams and will generate more impacts in the field of care and local management, within the researched scenarios^{16,23}.

The lack of a career plan offered by the employing institution, enabling mobility and professional advancement, was also identified as a gap. Worker dissatisfaction with salaries considered inadequate and the absence of a Job, Career and Salary Plan that guarantees professional advancement and development contributes to the professional's failure to retain staff and, consequently, interferes with the functioning of the service, increasing local problems and requiring more action from the manager to reorganize the service⁷.

According to the National Humanization Policy (NHP), valuing healthcare workers is fundamental. Furthermore, it considers the promotion of better working conditions and increased investment in their qualification as a challenge to be overcome. Regarding these aspects, it encourages actions to value them, such as the implementation of continuing health education activities and care for healthcare workers, aimed at promoting health and quality of life at work¹⁶. It can be observed that the municipality has been carrying out such actions, but this study still points to the need for continuity of these activities, since the feeling of recognition and appreciation of their work, in the opinion of the workers, was the aspect that obtained the lowest score in the variable related to professional satisfaction and recognition.

Thus, the important role of continuing education as an instrument for maintaining humanized care is highlighted, to be inserted into the work context of health services, in order to promote the appreciation and training of health professionals and, thus, achieve changes in the ways of thinking and carrying out health actions within institutions, aimed at a humanized health care model²³⁻²⁵.

Education, through socialization processes, teaches individuals to verbalize and makes it possible to raise awareness among health professionals, capable of provoking change²⁶. Thus, it is expected that educational actions will lead to a reduction in the gaps identified in this study, in the field of communication, the appreciation of workers and users, and a less hierarchical and more participatory and democratic management.

Therefore, the results of this research form the basis for a local educational intervention aimed at contributing to a better understanding of the National Humanization Policy (NHP) by workers and, consequently, increasing its effective implementation in the municipality's primary health care units (PHCU), and for an improved perception of humanization by the three actors involved in care within these establishments. With this in mind, a technical product entitled: "Humanization of health services: pedagogical workshops for the structuring of primary health care units in a northeastern Brazilian municipality" was developed. These workshops were applied to the PHCU workers in December 2025, with good participation from those present.

CONCLUSIONS

The study presents data restricted to a local context, which classified the humanization index of primary health care units (PHCU) in a northeastern Brazilian municipality as "very good," and identified the following aspects as the main advances: autonomy to organize and execute work (work dimension); dignified and respectful care (user dimension); welcoming and effective care, a policy to reduce waiting lists, and freedom

of expression of religious beliefs (management dimension). The main gaps identified were: identification of professionals (work dimension); participation in management (user dimension); and horizontalization of command structures (management dimension).

With the classification of the humanization index, it was possible to evaluate the impact and relevance of the National Humanization Policy (NHP) within the Primary Health Care Units (PHCU) and generate reflections on the practices that are being developed. Aiming at improving primary care in the municipality, regarding the theme of this research, it is suggested that training be provided for workers involved in this level of care, as well as the need to monitor the implementation of humanization in health services through its evaluation. This entire process will lead to the qualification and consolidation of the Brazilian Unified Health System.

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