

## The Profile and Work Process of Community Health Agents

Perfil e o Processo de Trabalho dos Agentes Comunitários de Saúde

Perfil y el Proceso de Trabajo de los Agentes Comunitarios de Salud

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### ABSTRACT

**Objective:** The study's goal has been to identify the profile and also to describe the work process of the Community Health Agents (CHA). **Methods:** It is a descriptive and cross-sectional study with a quantitative approach, where participated 291 CHA linked to 136 family health teams. Data collection used a questionnaire containing socio-demographic variables and their work process. It was performed descriptive statistics and associations through the Fisher's exact test, and considered significant  $p \leq 0.05$ . **Results:** It was found that (91.1%) of the participants were female, and within an age group from 24 to 69 years old. With regards to schooling, 85.5% reported having completed high school. Considering the work process, 40.5% of the CHA feel unsafe in relation to the employment relationship; the work was mentioned as very stressful by 68.7% of respondents. **Conclusion:** Hence, the results of this study emphasize the need for new research in order to further understand the stress-producing events towards the CHA.

**Descriptors:** Community Health Agent, Family Health Program, Human Resources, Primary Health Care.

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## RESUMO

**Objetivo:** Identificar o perfil e descrever o processo de trabalho dos Agentes Comunitários de Saúde (ACS). **Método:** estudo transversal descritivo, com 291 ACS vinculados a 136 equipes de saúde da família, a coleta de dados utilizou um questionário contendo variáveis sociodemográficas e seu processo de trabalho, realizou estatística descritiva e associações, por meio do teste através do teste Exato de Fisher e considerou significante  $p \leq 0,05$ . **Resultados:** (91,1%) eram do sexo feminino, a idade variou de 24 a 69 anos. Em relação à escolaridade, 85,5% referiram possuir ensino médio completo. Quanto ao processo de trabalho, 40,5% dos ACS sentem-se pouco seguros em relação ao vínculo de trabalho; o trabalho é mencionado como muito estressante por 68,7% dos entrevistados. **Conclusão:** conclui-se com esse estudo a necessidade de novas pesquisas afim de melhor compreender os eventos produtores de estresse nos ACS.

**Descritores:** Agentes Comunitários de Saúde, Programa Saúde da Família, Recursos Humanos, Atenção Primária à Saúde.

## RESUMEN

**Objetivo:** Identificar el perfil y describir el proceso de trabajo de los Agentes Comunitarios de Salud (ACS). **Método:** Estudio transversal descriptivo, con 291 ACS vinculados a 136 equipos de salud de la familia. La recolección de datos utilizó un cuestionario que contenía variables sociodemográficas y su proceso de trabajo, realizó estadística descriptiva y asociaciones, a través de la prueba a través del test Exacto de Fisher y consideró significante  $p \leq 0,05$ . **Resultados:** (91,1%) eran del sexo femenino, la edad varía de 24 a 69 años. En cuanto a la escolaridad, el 85,5% mencionó poseer una enseñanza media completa. En cuanto al proceso de trabajo, el 40,5% de los ACS se siente poco seguro en relación al vínculo de trabajo; el trabajo es mencionado como muy estresante por el 68,7% de los entrevistados. **Conclusión:** se concluye con ese estudio la necesidad de nuevas investigaciones a fin de comprender mejor los eventos productores de estrés en los ACS.

**Descriptores:** Agentes comunitarios de salud; Salud de la familia; Recursos humanos; Atención primaria de salud.

## INTRODUCTION

The *Sistema Único de Saúde (SUS)* [Unified Health System] is considered one of the largest public health systems in the world and develops one of the most comprehensive proposals for primary health care through the Family Health Strategy (FHS). The Strategy aims to integrate preventive and curative actions for families in a defined territory, with teams consisting of nursing auxiliaries, nurses, physicians and Community Health Agents (CHA), all of which presuppose a valuation of different competencies and practices. Among these professionals, CHA is considered a key element in that they reside in the community that they work, presenting itself as a fundamental link in a team and a population, and favoring the work of health surveillance and promotion.<sup>1</sup>

According to the National Policy of Basic Attention, the CHA is responsible for assignments such as: assigning families to the micro area where they operate, registering users, advising families on the use of available health services, conducting a home visit, a team and a population, health promotion activities, prevention of diseases and diseases and health surveillance, permanent contact with

the families, aiming the development of educational actions, among others.<sup>2</sup>

It is worth highlighting the knowledge of the profile of the professionals and the working conditions and can subsidize re-adaptation of work processes, with the aim of improving the population's attendance, thus guaranteeing high quality assistance, going towards meeting the needs of the assisted clientele and effectiveness of public health policies.

Given the aforementioned, this study aims to identify the profile and describe the work process of the CHA.

## METHODS

It is a descriptive and cross-sectional study with a quantitative approach.

The proposal was developed together with CHA linked to 136 family health teams from the municipalities of *Cariacica*, *Serra*, *Vila Velha* and *Vitória*, all located in *Espírito Santo* State.

Data collection was carried out through a questionnaire applied to the CHA, in Basic Health Units (BHU), at a previously scheduled time. The study variables were, as follows: gender; age; schooling; place and time of residence; gross monthly income; hiring process and time employment relationship; number of families under the responsibility of the CHA; if one considers the stressful work, work relationship; requests by the user beyond the working hours; search for another job; doing the training course; and activities performed.

Initially, a pilot study was conducted with CHA from a municipality not participating in the research to evaluate the data collection instrument. As there were no reports of difficulties in responding, there was no need to reformulate and adapt the questions. Thus, from November 2015 to June 2016, data collection was performed.

In order to select the subjects, the inclusion criterion was the use of CHA in health teams that participated in the *PMAQ*. The exclusion criteria were to be away/licensed or on vacation.

Statistical analyzes were performed in the STATA program version 13.0. Primarily, descriptive analyzes were performed in order to characterize the sample studied, and also the absolute and relative frequencies of the variables under study were demonstrated. Subsequently, bivariate analyzes were conducted with the socio-demographic characteristics (gender, age, schooling and gross monthly income) and the outcome variables (stressful work, work relationship, requests by the user beyond the working hours and search for another job) using Fisher's exact test. The level of significance was 5%, in other words, p-value less than 0.05.

The present study was submitted to the Research Ethics Committee from the *Universidade Veiga de Almeida* and was approved under the Legal Opinion No. 876.415. Parti-

Participants were informed about the purpose of the study and the data confidentiality. All signed the Free and Informed Consent Term.

## RESULTS AND DISCUSSION

A total of 291 CHA, distributed in 54 BHU and linked to 136 family health teams, participated in the study. Among the CHA participating in the study, 265 (91.1%) were female. The participants were within an age group from 24 to 69 years old, with predominance from 24 to 45 years old. In relation to schooling, 85.5% reported having completed high school, followed by higher education (9.0%). It was verified that 86.3% did not study during the period of data collection. Before working as CHA, 80.1% had an occupation, the majority (57.9%) in the commercial field. With regards to the previous experience in family health services, 86.3% stated that they did not have it (Table 1).

It is observed that the participants of this research are predominantly female, as it has also been identified in programs from several localities,<sup>4-6</sup> strengthening the participation of women in the workforce and the feminization of health professionals. Regarding the female labor force, a study carried out in *Rio de Janeiro* city draws attention to the increasing participation of women in the national economy, emphasizing the change in the profile of working women, young people, single and without children, for the incorporation growing number of older women, married and mothers, who, due to the absence of sharing household routines with their husband, assume a double shift due to the need to reconcile family and professional roles.<sup>7</sup>

About the age of the CHA, the predominant age group was from 24 and 45 years old, in other words, composed of young adults, which is corroborated by studies carried out with health workers from other Brazilian regions.<sup>5,8-9</sup>

Concerning the schooling level of the CHA, the majority have completed high school (85.5%), while in a study carried out in *Florianópolis*, 65.11% of CHA students completed high school, and 8.08% were either attending college school or have already graduated.<sup>5</sup> It is worth emphasizing that most CHA in these municipalities have higher education than the minimum recommended for the job position.

When questioned about the activities performed before acting as CHA, it was verified that this is not the first job of more than 80.0% of the research participants, of which, most of them worked in the area of commerce (57.9%). Similar to our data, a survey conducted showed that 75.32% were engaged in commerce.<sup>5</sup>

**Table 1** – Socio-demographic characterization of the sample of Community Health Agents (n=291). *Cariacica, Serra, Vila Velha, Vitória - Espírito Santo*, 2016.

Variable	n	%
<b>Sex</b>		
Male	21	7.2

Female	265	91.1
Ignored	05	1.7
<b>Age</b>		
24-40	144	45.4
41-59	116	39.9
≥60	18	6.2
Ignored	13	4.5
<b>Schooling</b>		
Complete elementary school	08	2.8
Complete high school	248	85.5
Complete graduation course	26	9.0
Did not complete elementary school	01	0.3
Ignored	07	2.4
<b>Currently studying</b>		
Yes	38	13.1
No	251	86.3
Ignored	02	0.7
<b>First job</b>		
Yes	53	18.2
No	233	80.1
Ignored	05	1.7
<b>Type of work before being a CHA*</b>		
School/day care	23	9.9
Marketplace	135	57.9
General service assistant	10	4.3
Self-employed person	22	9.4
Private company	27	11.6
Dengue community agent/dental technician/nursing technician	06	2.6
Ignored	10	4.3
<b>Previous experience in FHS*</b>		
Yes, in this municipality	21	9.0
Yes, in another municipality	01	0.4
Yes, in another State	06	2.6
No experience	201	86.3
Ignored	04	1.7

\*CHA – Community Health Agent.

In Table 2 we can observe the time of performance in the FHS in the municipality, 89.7% stated that they have been working for more than four years. Research carried out in the municipalities and *Florianópolis/SC* and *Serra/ES* presented similar results.<sup>4-5</sup>

Admission to the profession was by selection process to 55.3% and by public tender to 41.6%. Of the CHA interviewees, 60.1% indicated that in the selection process, they interviewed and written and/or practical tests and 44.3% reported being statutory, while 38.5% stated that they were public employees. Corroborating with our study, research in *Londrina* showed that the service contract of the professionals of the FHS teams of the municipality was either hired (Brazilian CLT) or followed the Brazilian statutory regime.<sup>10</sup>

Despite the regularization of the profession, a study carried out in a municipality from the *São Paulo* State, observed that a large percentage (76.3%) of temporary employment contracts is still considered a precarious link for not signing an employment plan and labor benefits.<sup>3</sup>

Hiring for a fixed period of time is considered inadequate, since there is a high level of precariousness and outsourcing of labor relations, with the North and Northeast regions having the highest number of CHA contracted under these conditions.<sup>11</sup>

Considering the workload of the interviewees, it was identified that it is 40 hours a week for 95.2% CHA and that

3.1% have the flexibility to carry out other activities. The gross monthly remuneration of 35.1% of them varies from R\$ 961.00 to R\$ 1,060.00 and also of 35.1% is in the range of R\$ 1,061.00 to R\$ 1,350.00. Corroborating with these results, a survey in the city of *Serra/ES* found that 47.41% of the community agents receive values between 840 and 940 reais of monthly income.<sup>4</sup>

The participation in the FHS training course was pointed out by 63.2% of the interviewees; on the other hand, 56.4% stated that the municipality does not offer FHS professionals incentive to training. Research in the municipality of *São Paulo* indicates that 89.5% participated in the introductory training.<sup>3</sup> Regarding the number of training courses offered by the municipality, 52.6% reported being dissatisfied and 23.4% were not satisfied. Regarding the quality of the courses, 54.0% were dissatisfied and 14.1% were not satisfied.

A research indicates that qualification is a point of concern among community agents and that they refer that the search for greater knowledge is individual, since few refresher courses are offered, and recognize that there is no theoretical basis to better inform the population.<sup>12</sup>

**Table 2** – Characterization of the sample according to the professional profile of the Community Health Agents (n=291). *Cariacica, Serra, Vila Velha, Vitória - Espírito Santo*, 2016.

Variable	n	%
<b>Duration of the FHS in this municipality</b>		
Between two and three years	03	1.0
Between three and four years	26	8.9
More than four years	261	89.7
Ignored	01	0.3
<b>Form of work entry</b>		
Public tender	121	41.6
Selective process	161	55.3
Indication of the residents' association	06	2.1
Ignored	03	1.0
<b>Mechanisms of selection process</b>		
Interview	08	2.7
Interview, curriculum analysis and written and/or practical test	06	2.1
Interview and written and/or practical test	175	60.1
Curriculum analysis and written and/or practical test	10	3.4
Written and/or practical test	82	28.2
Written test, practical test and physical aptitude	06	2.1
Did not make selection	01	0.3
Ignored	03	1.0
<b>Work regime</b>		
Statutory	129	44.3
Public employee (Hired/Brazilian CLT)	112	38.5
Temporary contract (Hired/Brazilian CLT)	17	5.8
Contract for temporary special regime	30	10.3
Ignored	03	1.0
<b>Workload</b>		
40 hours per week with exclusive dedication	277	95.2
40 hours per week with flexibility to perform other activities	09	3.1
Ignored	05	1.7
<b>Gross monthly income</b>		
Less than R\$ 788.00	02	0.7
From R\$ 788.00 to R\$ 960.00	76	26.1
From R\$ 961.00 to R\$ 1,060.00	102	35.1
From R\$ 1,061.00 to R\$ 1,350.00	102	35.1
More than R\$ 1,350.00	05	1.7
Ignored	04	1.4
<b>Participated in training course at the FHS</b>		

Yes	184	63.2
No	103	35.4
Ignored	04	1.4
<b>Incentive to graduation for FHS professionals</b>		
Yes	112	38.5
No	164	56.4
Ignored	15	5.1

**Source:** Research of characterization and analysis of the work of Community Health Agents and their discernment about the implementation of the Program for Improving Access and Quality of Primary Care in the Espírito Santo State, 2017.

\*FHS – Family Health Strategy.

The study also found that 40.5% of CHA feel unsafe in relation to the employment relationship, 29.6% feel safe, while 26.5% feel very secure with their (Table 3).

With regards to the hours worked per week, 63.2% stated that in practice they worked 40 hours, yet, 33.0% reported working more than 40 hours. The workload is considered sufficient for 57.4% of respondents and excessive for 39.0%. Regarding the number of activities performed, 43.3% consider it excessive, while 40.9% consider it sufficient. The work is mentioned as very stressful by 68.7% of the interviewees and as a little stressful by 24.1%. Only 5.2 do not consider stressful work.

A research indicates that although the CHA profession has already been regularized, a large percentage (76.3%) of temporary employment contracts is observed, which has been criticized and considered inadequate, since this modality of hiring produces in workers stress, conflict and insecurity.<sup>3</sup>

Worryingly, a study on the prevalence of the syndrome of professional exhaustion and common mental disorders in CHA shows that 24.1% of the interviewees had a syndrome of professional exhaustion, 70.9% of participants for emotional exhaustion, and 47.5% for disappointment. Positive associations between the dimensions of professional exhaustion and the presence of common mental disorder were observed.<sup>13</sup>

Of the interviewees, 35.7% do not carry out administrative activities, nonetheless, 34.4% always carry out this type of activity and 27.8% sometimes. It was also observed that 89.7% always participate in planning activities carried out by the team, 78.7% also always participate in evaluation activities and 79.0% always participate in the surveys of the health indicators of the territory in which they work. In this group, 93.1% of CHA always carry out a survey of health problems in the territory.

According to the Health Ministry guidelines, the CHA have seven fundamental competences: “Home Visits”, “Teamwork”, “Active Participation in Health Action Planning”, “Health Promotion”, “Preventing” and “Supervising” the risk situations of the environment and the prevalent diseases in the individual and collective; and “Follow up”, assessing the health actions.<sup>14</sup>

Considering the freedom to decide how to do their own tasks, 55.0% said they had a lot, 30.9% had little and 12.0% said they did not have that freedom.

A study with FHS health professionals found that one of the favorable aspects for the professionals in the FHS work process is the autonomy of the health professional, since they find in the strategy a space of professional achievement, associating this achievement with the existing and the possibilities of communication among coworkers.<sup>15</sup>

**Table 3** – Characterization of the sample according to the work process of the Community Health Agents (n = 291). *Cariacica, Serra, Vila Velha, Vitória - Espírito Santo*, 2016.

Variable	n	%
<b>Safety with regards to the work relationship</b>		
Very safe	77	26.5
Uninsured	118	40.5
I do not feel safe	86	29.6
Ignored	10	3.4
<b>Number of training courses offered by the municipality</b>		
Very satisfied	29	10.0
Not satisfied	153	52.6
I am not satisfied	68	23.4
Not offered	26	8.9
Ignored	15	5.1
<b>Quality of training courses offered by the municipality</b>		
Very satisfied	43	14.8
Not satisfied	157	54.0
I am not satisfied	41	14.1
Not offered	21	7.2
Ignored	29	9.9
<b>In real numbers, how many hours do you work per week</b>		
More than 40 hours	96	33.0
Less than 40 hours	04	1.4
40 hours	184	63.2
Ignored	07	2.4
<b>Workload</b>		
Excessive	115	39.5
Enough	167	57.4
Ignored	09	3.1
<b>Number of performed activities</b>		
Excessive	126	43.3
Enough	119	40.9
Few	02	0.7
Ignored	44	15.1
<b>Is your work stressful</b>		
Yes, a lot	200	68.7
Yes, little	70	24.1
It is not stressful	15	5.2
Ignored	06	2.1
<b>Do you perform administrative activities</b>		
Yes, always	100	34.4
Yes, rarely	81	27.8
No	104	35.7
Ignored	06	2.1
<b>Are you active in planning activities performed by your team</b>		
Yes, always	261	89.7
Yes, rarely	19	6.5
No	08	2.8
Ignored	03	1.0
<b>Are you active in evaluation activities carried out by your team</b>		
Yes, always	229	78.7
Yes, rarely	36	12.4
No	20	6.9
Ignored	06	2.1
<b>Do you participate of surveys of the health indicators of</b>		

<b>their labor territory</b>		
Yes, always	230	79.0
Yes, rarely	34	11.7
No	24	8.3
Ignored	03	1.0
<b>Do you participate of surveys of the health problems of the territory where you work</b>		
Yes, always	271	93.1
Yes, rarely	13	4.5
No	07	2.4
<b>Do you have freedom to decide how to do your own tasks</b>		
Yes, a lot	160	55.0
Yes, few	90	30.9
No	35	12.0
Ignored	06	2.1

**Source:** Research of characterization and analysis of the work of Community Health Agents and their discernment about the implementation of the Program for Improving Access and Quality of Primary Care in the *Espírito Santo* State, 2017.

An association between the age and the variable of stressful work (p=0.012) was observed here. The report of stress is more frequent in the group under the age of 60 years old. The other variables (gender, schooling, and monthly income) were not associated with the report of stressful work (p>0.05), which is similar to what happened when the analysis was performed with the variable, requests by the user beyond the working hours, that was not associated with sex, age, or schooling.

## CONCLUSIONS

Through this study it was possible to know the profile and also to describe the work process of the CHA. The study has had 291 CHA participating, whose were distributed in 54 BHU and linked to 136 family health teams from the municipalities of *Cariacica, Serra, Vila Velha* and *Vitória*, all located in *Espírito Santo* State.

It was verified that the profile of the CHA is in line with the profile proposed by the Health Ministry. Nonetheless, it is important to emphasize that many professionals report insecurity regarding their working relationship, work overload due to an excessive amount of activities to be performed, and also find the work very stressful. Hence, the results of this study point out the need for new research in order to further understand the stress-producing events towards the CHA.

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