

# Difficulties of the communitarian agents of practical health in the daily one

## *Dificuldades dos agentes comunitários de saúde na prática diária*

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### ABSTRACT

**Introduction:** Community Health Agent (CHA) was regulated as a profession, and preventive nature and health promotion in the community, through home or community, individual or collective actions. **Objective:** To investigate the main difficulties and limitations that CHA has in their activities. **Methods:** Qualitative study in which data collection was made through semi-structured interviews with 17 ACS five Family Health Strategy (ESF) and a program of Community Health Agents (PACS) of Divinópolis (MG). **Results:** It was noticed that the overhead of the CHA, professional devaluation and the lack of team interaction are difficulties experienced by CHA and that the difficulties are sometimes even discussed, but in most cases, are not resolved. **Conclusions:** The study underscored the importance of dialogue between the team in an attempt to resolutions of problems, giving credibility to the population and enhancement of CHA professional.

**Keywords:** Public Health; Community Health Services; Comprehensive Health Care.

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## RESUMO

**Introdução:** A função de Agente Comunitário de Saúde (ACS) foi regulamentada como profissão, sendo de cunho preventivo e de promoção da saúde junto à comunidade, por meio de ações domiciliares ou comunitárias, individuais ou coletivas. **Objetivo:** Investigar as principais dificuldades e limitações que os ACS encontram em suas atividades. **Métodos:** Estudo de caráter qualitativo, no qual a coleta de dados se deu por meio de entrevista semiestruturada com 17 ACS de cinco Estratégia de Saúde da Família (ESF) e um Programa de Agente Comunitário de Saúde (PACS) de Divinópolis (MG). **Resultados:** Percebeu-se que a sobrecarga do ACS, a desvalorização profissional e a falta de interação da equipe são dificuldades sentidas pelos ACS e que essas dificuldades às vezes são até discutidas, mas, na maioria dos casos, não são resolvidas. **Conclusões:** A pesquisa ressaltou a importância da interlocução entre a equipe na tentativa de resoluções dos problemas, conferindo credibilidade à população e valorização do profissional ACS.

**Palavras-chave:** Saúde Pública; Serviços de Saúde Comunitária; Assistência Integral à Saúde.

## INTRODUCTION

Since 1988, with the Federal Constitution and the creation of the Unified Health System (SUS), drew up a new conceptual framework for health and a new model of organization of health services in the country. Health begins to be seen as a universal right and duty of the State in which the implementation of a new model of care was necessary in view of the merger of health surveillance proposal in their disease prevention actions and injuries and promotion of health, acting mainly through collective educational activities and home visits.<sup>1,2</sup>

Thus, arises in 1991, the Program Community Health Agents (PACS) to finance the team of community workers (ACS), which in 1994 would join the Family Health Program (PSF), forming the basis for the consolidation of the Family Health Strategy (ESF).<sup>3</sup> This proposal is endorsed and reaffirmed by the National Primary Care Policy, which presented a review and redrafting the guidelines and rules for the organization of primary care, for the Family Health Strategy (ESF) and the Community Agents Health Strategy (EACS).<sup>2</sup>

The profession Community Health Agent (CHA) was regulated as a profession, by means of Law No. 10,507, of July 10, 2002, and is characterized by the exercise of a preventive nature activities and promote health in the community, through actions home or community, individual or collective, is developed paying attention to the guidelines and principles of the NHS and under the supervision of the local health officer.<sup>4</sup>

The Community Health Agent is responsible for the link between health services and the community.

It is part of the ESF teams and should be, according to the Ordinance 2488/2011, accompanied by the entire health team ESF, which is responsible for planning, management and evaluation of the actions performed by this professional.<sup>5</sup>

The first team of Family Health was established in Divinópolis, in the countryside Buriti community, in August 1996, and had doctor, nurse, social worker, psychologist, dentist, dental hygiene technician and nursing technician.<sup>6</sup> Only in 1998, with the creation of the Career Plan, Career and municipal salaries, it is that there was the signing of ACS.<sup>6</sup>

People who wish to be ACS need to be 18 years living in the area, be concursadas have complete elementary school and have completed with success the course of basic qualification for the formation of Community Health Agent.

The ACS reside in their area implies good knowledge of community problems, and it is expected that this professional has or can create a bond of trust, social, economic and cultural rights of individuals.<sup>7</sup>

They are professionals in charge of motivating the population and promote actions to improve the self-care capacity for health. Knowing this importance, we sought to investigate the main difficulties or limitations that Community Health Agents of Divinópolis experience in the development of their daily activities.

It is understood that this study may contribute positively in the process of reflection on the strategies employed in order to improve the provision of care proposed consolidation of

the bond and satisfaction between ACS and professional community, allowing the systematization of care, giving rise to further studies in this field and reaffirming the foundations of FHS and SUS.

## METHOD

Qualitative, descriptive, exploratory study, with 17 of the 92 ACS Divinópolis. The qualitative type of research is exploratory and encourages researchers to build hypotheses, have greater familiarity with the problem and improvement of ideas; It is a flexible method as it may, inter alia, be obtained by narratives, open questions and subjective information.<sup>8</sup>

The limitations of the data collection was done by sampling saturation, which allows the taking of information until such time as they became repetitive, not being relevant to the search.<sup>9</sup>

Divinópolis has a population of 213,016 inhabitants.<sup>9</sup> According to the National Register of Health Facility (CNES), the municipality has 14 health centers, 20 Health Strategies of Family and two EACS. According to the 2014 DATASUS database, FHS teams in Divinópolis offer 24.33% of population coverage, adding the two Teams of Community Health Agents (EACS), with a total population coverage of 30.15%.<sup>10</sup>

The research project was submitted, upon authorization of the Municipal Health Department of Divinópolis, to the Ethics Committee of the Educational Foundation of Divinópolis (FUNEDI), sponsor of the Institute of Higher Education and Research (INESP). The study followed the ethical principles of research under the rules and guidelines of Resolution 466/12.<sup>11</sup>

After approval of the project by the Ethics Committee of FUNEDI (search under number 851 146 Protocol), and after ACS have read, agreed and signed the Informed Consent and Informed proceeded to the interviews that were recorded, following a semi-estruturado, the interview being conducted individually with each participant in a reserved place within the Health Unit, with scheduled time in advance by phone.

The advantage of the interview is that it allows easier access to the various respondents and a more flexible application of the issues. The semi-structured interview allows the interviewer and the interviewee discuss points that are relevant to the general objective of the research about the unveiling of reality.<sup>12</sup>

The inclusion criterion was chosen by ACS who had at least six months of work because they have knowledge of their population/area and their work in the FHS. The criteria for exclusion were the ACS who were on vacation, sick leave, leave due to other reasons, who did not participate and those with whom it was not possible to make an appointment by phone.

The study subjects were identified with the initials ACS, followed by growing numbers beginning at number 1, according to the order of the interviews, thus ensuring the confidentiality of the participants and the rigor with ethical and legal aspects of the research.

Thus, if asked yourself: What difficulty or limitation felt for you to perform your daily work? And as the problems and situations brought by ACS are discussed and/or resolved within your team? The recorded answers were transcribed and then categorized.

For the beginning of the interviews were scheduled, randomly, five ESF and PACS, and there are a total of 33 ACS these units. Of these 33 ACS, according to the methodology for data saturation,<sup>9</sup> ended up interviews with 17 ACS, due to the fact the testimonials prove repetitive, no longer relevant research.

Data collection lasted seven days, and the sample is 18.47% of the ACS in the city.

The narratives collected from subjects were analyzed according to the Content Analysis method, which has as its object the language and working practice word, allowing the perception of the messages issued by the research subject, making it possible to realize the grouping of specific characteristics.<sup>13</sup>

The proposed content analysis is organized in three chronological poles, which are: 1) the pre-analysis; 2) exploration materials; and 3) treatment of results, inference and interpretation.<sup>13</sup>

The pre-analysis is the phase of organization. It is in this phase that occur choice of documents and the development of indicators that underlie the final interpretation. The exploitation of the material consists of encoding the data from the registration units. In the treatment and interpretation of the results, it is the categorization, which is the classification of the elements according to their similarities and differentiation, with subsequent reunification, according to common characteristics.

We used specifically thematic analysis, which consists of discovering the core meanings that compose communication and whose presence or frequency of appearance may mean something for the chosen objective.<sup>13</sup>

## DATA ANALYSIS

Of the 17 ACS interviewed, two were male, verifying thus the predominance of women exercising this activity. The age of the ACS ranged 23-56 years, and the predominant age group was 35-50 years. On the issue of education, all had completed high school, lived at home and had family income around three times the minimum wage.

Operating time as ACS ranged from 2 to 14 years. During the interviews, it was evident that the ACS like the profession, try to serve the community in the best possible way and know of its importance as a link between the ESF and the community.

After transcribing the interviews, we proceeded to the analysis. The speeches analysis is an exhaustive process in which repeatedly listen to the recordings for then the categories that are organized by similarity of answers being formed - this is the categorization, working elements and ideas, grouping them around a concept.<sup>14</sup> Thus seized were three categories by similarity and, within these, its subcategories. For differentiation, the training was seized as a single category (Table 1).

## CATEGORY I - OVERLOADING OF ACS

For the development work, the ACS is subject to a number of challenges, having to deal directly with social and health problems of the population under their responsibility.<sup>15</sup> Thus, the ACS work overload was evidenced in many ways, and the most cited by survey participants was the Disqualification of the service, in which the ACS carry out works of Administrative Agent, which is observed in the statements:

**Table 1.** Aspects that allowed the characterization of the service of the Community Health Agent according to subcategories.

Category I	Subcategories
ACS overload	- Disqualification of service
	- Forms of Excess
	- Insufficient number of agents
Category II	Subcategories
Professional motivation	- Discontinuance of Service
Category III	Subcategorias
Team interaction	- Communication between staff
	- Popular Education
Category IV	
capacity	

*“... Is having to develop every kind of unit work, which is not competence of the ACS, and all that service demand just overloading him then, not letting it develop its work on a daily home visits and monitoring of family, having to stand in unity, for lack of professionals who care unit, that is the biggest problem that I think... every service that comes that is the health unit it is imposed for the ACS as the ACS did not have a service to perform, as if the ACS was a no accident that had, like, had no services to meet...” (ACS 2).*

*“... We realize much administrative work within the unit is too caught within the unit is... so so has the collection coverage, right, of home visits that we have to cover 95% of families enrolled in our micro-area, but we have to cover this administrative part that we do not have anyone to accomplish.” (ACS 15).*

These sections show the Disqualification of service to the ACS are submitted within the Health Unit. In Ordinance No. 2,488, of October 21, 2011, Annex I, which deals with the specific duties of the Community Health Agent, paragraph VIII, is allowed ACS to develop other activities in basic health units, since linked their assignments. It soon becomes apparent that the work of the ACS in the unit, flees the description of the directive regulating its functions and that are to be in permanent contact with families to develop educational activities aimed at health promotion, disease prevention and monitoring of people with health problems.<sup>2</sup>

There are, in another study, reports on the existence of a pre-defined scale to assist in the ACS activities within the unit. This may be overload and stress cause the ACS because it fails to carry out home visits, which is its core business, and suffers collection, the supervision of data that should be collected during visits.<sup>15</sup>

The ACS work suffers distortion due to lack of clear demarcation of the powers must perform, and this has been considered the reason for the excessive workload. Another factor is that this work is beyond the scope of basic health, which are called by the community to intervene in demand as people with disabilities or mental illness, domestic violence, drugs, hunger, lack of vacancy in nurseries, etc.<sup>16,17</sup>

All these activities require, ACS, commitment, availability of time and knowledge, since it acts as an educator and mediator between the population and the health system, helping people solve personal problems and

family conflicts. Thus, he has, in his work, the most constant cause of stress due to high physical and emotional burdens that is submitted.<sup>15</sup>

Another point worth noting concerns the bureaucratic work of the ACS.

*“... That the E-SUS train, that pile of paper, I think whoever invented it never made a home visit in life to know how long it cê have to, to you doing all this in a house...” (ACS 4).*

*“The paperwork that arrives, crafts, is so much coming at us at once. You begin with a job and suddenly this work, we do not have a follow-up because it’s another role that’re coming... it is too much paper.” (ACS 9).*

The ACS perform much paperwork, and this is due mainly to “disputes games” or the same social division that is present among the team and is derived from the division of labor, beyond the knowledge hierarchy ACS, restricting their participation in decisions due to alienation, subordination and fragmentation, which leads to social division. Thus, the ACS performs more bureaucratic than technical activities, and this fact prevents the advancement of their performance with their families.<sup>18</sup>

The forms in excess of the ACS are required to complete were appointed by them as a negative factor in your performance and cause of work overload. This reality could be modified if there was a revision in the format forms in order to condense information by decreasing the amount of paper.<sup>15</sup> But understands the need of forms to be data to be transferred to the SUS information technology department (DATASUS), producing notoriety to the actions developed by ACS.

The insufficient number of agents per area was also cited as causing overload. It is known that recommended by the Ministry of Health is 4,000 families for ESF, with up to 750 people by ACS, in which the number of visits per day should be at least eight. However, in Divinópolis, some ACS claim lack effective community workers to get coverage of the enrolled population.

*“... The work is very, population’re increasing... I will for almost three years tamo there... and the staff are five health worker; we tamo long with four, it was even less, but now there are four. Then a micro-area there’re discovered over time...” (ACS 17).*

Another contributing factor to work overload was absenteeism. This theme has been researched among health care workers, but there are very few studies addressing this subject in relation to the ACS. Absenteeism in this case means no employment, and the causes are varied and may be related to the impoverishment of tasks, motivation, improper organizational policy that culminate in unpleasant working conditions, and diseases of both the employee and family, voluntary and involuntary delays and improper organizational policy.<sup>19</sup>

**CATEGORY II - PROFESSIONAL DEMOTIVATION**

Knowing that the professional development is directly related to job satisfaction,<sup>7</sup> the motivation may be the main cause of the difficulties experienced in the ACS everyday, since it does not feel happy and can not see the fulfillment of the objective of your work.

The motivation that the ACS mentioned during the interviews concerns the subcategory discontinuance of service and is related to issues involving other team members, the three levels of care and socioeconomic issues of the population. Its recommendations and interventions can not be met or have guarantees of compliance mainly by issues beyond their competence: the lack of vacancies for specialized medical consultations and marking of complex tests and the lack of financial condition the population to follow certain recommendations for improvement or health maintenance were cited as an example. Thus, the ACS is frustrated by not having autonomy in solving various problems that identifies or that are presented.

*“... In primary care as well, the first step has to solved in the drive, then mark the queries... The SUS, it offers an all that is necessary, the user needs; then you have this difficulty, right? On the more sophisticated tests that takes the lead, has all... specialties, right? It is necessary...”* (ACS 14).

*“... Have some tests that are time consuming, you have to wait authorize; if not authorized, is not how to do...”* (ACS 9).

*“... Those of always, which does not depends largely on the people, if the team solve that sometimes a specialized consultation, most important exam does not cover the patient comes first is the people, claim it is.”* (ACS 17).

Difficulties such as lack of ACS in decisions of the PSF and the lack of cooperation and planning, among others, are sufficient to conclude that the work of the ACS organization is “evil” designed, generating motivation and poor performance of duties. Thus, the empowerment of ACS professionals and staff appears to need so that, together, would facilitate social right to health of the population.<sup>18</sup>

### CATEGORY III - TEAM INTERACTION

The lack of interaction between the health team and the ACS is not an isolated problem in certain places; this same difficulty has been mentioned in other studies in which the nurse or the nurse are the main references of the ACS. But other experiments have shown conflict between supervision and the ACS due to overcharging and inflexibility in implementing the work, generating wear and disruption of activities. This approach is seen as responsible for the fragmentation of the service, which hinders the flow of working together.<sup>15,20</sup>

The health team was mentioned in another study as host of space, dialogue, unity and respect to the work of the ACS. Thus, articulation and communication between the team leverage sharing possibilities of production of care to the community, watching the paid-way, considering its peculiarity in the various moments of assistance. It is necessary that communication so that the health promotion work derives from a negotiated schedule, based on knowledge of all its members in the construction of objectives, strategies and results that aim to achieve.<sup>6</sup>

During the interviews, we realized the difficulty of ACS to perform their daily activities due to lack of information from the community or popular education deficit on assignments ACS, PACS and ESF cited by Decree 2,488/2011.<sup>2</sup> This lack of information as well as being a problem for the ACS, leads people to find delay in treatment, corroborating the

ignorance of their right of citizens and the non-resolution of their problems.

The Ministry of Health puts the ACS as an important part in the integration of the health service to the community, it can integrate both the team of ESF as the EACS. The ACS, through guidelines, contributes to troubleshooting in your community, so that it becomes active, providing positive information to your municipality.<sup>7,11</sup> It can be seen in two ways by the community: as a facilitator of health care or as a mere delivery of messages and or referrals. Knowing this will depend on the role that the ACS plays within the team, if it is considered as an important and necessary professional for ESF.<sup>21</sup>

*“The team that passes a pro patient safety, to talk like: look, the agent will in your home, it is very important... Listen to the guy... the information he brings... is important, it does well for health...”* (ACS 10).

Before this speech, the ACS calls on the need for the staff help you in community awareness, investing in public education, clarifying their real duties and demonstrating their importance to improving the health of families.

The lack of information from the community on the tasks of ACS also collaborates with the non-acceptance of home visits and the lack of confidence, leading to people not inform the ACS their true health, ignoring its function and seeking other means to achieve the service, leaving the ACS discredited by the team.<sup>5,22</sup>

*“What the agent speech has little effectiveness; we do not have greater support team, suspicious of people, do not trust the work of the people...”* (ACS 10).

*“People sometimes do not understand the work of the ACS and sometimes the collection is too large of things not okay in our reach, something that we do not have autonomy to you doing for them...”* (ACS 16).

All team members must have knowledge of the ESF policies in order to contribute in raising awareness and informing the population aimed at improvements in the offered work and also in individual and collective health, because when there is this interaction, it is possible that people understand the ACS work and look like a pro important for improving the quality and health care.<sup>21,23</sup>

The ACS's work is confused with other professional activities, and this fact is limiting with respect to problem solving, because the lack of knowledge of the ACS assignments may compromise the health of the user, since this does not arise as responsible for it.<sup>20</sup>

*“... Not everything depends on the health worker, the nurse depends, depends on the doctor depends on the progress of the Municipal Health Secretariat, forwarding, everything. Lack of interaction between the Secretariat and the Health officials and other employees.”* (CHA 11).

Interestingly, we do not realize, during interviews, a speech on remuneration as a professional valuation factor, which differs from other professions. In 2014, it was enacted Law No. 12,994, of June 17, which deals with the ACS remuneration and Combating Endemic Diseases Agents

(ACE). In a study conducted in 2009, in Santa Catarina, with ACS, the remuneration was cited as unsatisfactory in relation to the physical and mental strain that these professionals are submitted.<sup>10,15</sup>

#### CATEGORY IV - TRAINING

The lack of training was cited only once as a difficulty, but we realized the need to approach this issue, given its importance in the face of actions performed daily, especially during home visits, in which ACS is representing the health service and He finds himself alone in front of numerous possibilities and approach that is often limited by the strange events that are beyond their technical and intellectual capacity.

*"... I think we should have more training for us, because time we're in a house, when one accepts us, opens, starts to say something, and we can not answer is time. For me, especially when it's a false pregnancy. Once, I was in a house that the woman had a false pregnancy and I was unaware. What do I tell her? Oh good!"* (ACS 8).

In this speech, there is only one example of the diversity issue, doubts and questions that the ACS is subject. Surely this professional is not required to have answers to all questions but should know target the problems that arise and give back to the community - are measures that are part, including the credibility and acceptance of the ACS both need to develop your routine.

As recommended by the Ministry of Health, the need for the ACS reside in the community where you work is precisely to know and understand the popular knowledge and interact with scientific knowledge. Thus, training for these professionals is needed daily. The difficulties of ACS in incipient training may be due to their participation in the job without previous experience and with the aggravating factor of lack of understanding of managers with regard to the importance of interventions practiced by ACS. In this way, print is a need for ongoing training, incorporating new elements to practice and preconceptions, as a way of transforming reality.<sup>23</sup>

With regard to the difficulties being discussed or resolved within the team, it was realized, in the statements, which are even discussed in some teams, but most ACS claims there is resoluteness.

*"Yeah, is not resolved in my opinion... we bring to the team but has no effectiveness..."* (ACS 10).

*"... As for the resolution directly from the staff (pause) answers on what is possible, but it has other, talk that is 100% a is not, something is weak, I feel well, on a daily basis could, yes, get more attention, an effort to more..."* (ACS 17).

*"Look, sometimes. The time you spend there upwards (referring to specialized care) is no longer within reach, is often not solved..."* (ACS 14).

The lack of resolution of the difficulties presented was seen under the aspects of governance, in which there are numerous difficulties, both ACS and community, and the team has no power to remedy them. So should occur utmost efforts of health managers in improving mechanisms

that, in fact, improve the quality of care, generating user satisfaction and staff and credibility of the proposals of FHS and SUS, as one of the difficulties was the workload related to the discontinuance of service due to model organizational structure, which does not comply with his proposal, observed in the diagnosed problems and persisting unresolved.

#### FINAL CONSIDERATIONS

Are notable difficulties that the ACS experiences in developing its activities, in which its essence is being lost due to an overload of work, professional motivation and lack of team interaction.

The workload related to bureaucratic activities that the ACS is submitted, has negative repercussions on their core business, which is the home visit.

A home visit is the possibility of a holistic view of reality in which the professional gets to know individuals, revealing polished singularities in the context of each family.<sup>23</sup> But for the visits to be effective, the ACS needs to program them, planning, systematically, every action.

The dialogue between the staff is required, and all members must understand and perform their duties as well as understand the dynamics of the ESF, so there is a consonant interaction that, in fact, produce resolutions to the problems in order to be greater credibility of the population and the appreciation of the ACS professional.

This study did not intend to exhaust the discussions about the difficulties that the ACS is to run their daily practice, since each area or municipality has a peculiar difficulty worthy of attention. It is hoped that the findings of this study can contribute to the FHS teams and managers, unsettling them to reflect on improvements in the work of these professionals.

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