

Reference model for evaluation of Communication Accessibility in Internal Communication Policies of University Hospitals

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Abstract

Public hospitals need management based on an equitable ensuring of access to care and educational services. With this aim, “communication is an important strategy in the construction of a new paradigm of relationship with its publics”(NASSAR, 2006a, p. 2).In University Hospitals, the Internal Communication Policy must assimilate the principles of Communicational Accessibility in order to subsidize care and academic aspects. Therefore, the present study proposes and applies the “Reference model for evaluation of Communication Accessibility in Internal Communication Policies of University Hospitals”. This tool assists in the elaboration and diagnosis of inclusive internal communication policies. The document entitled “Guidelines for Institutional Communication and Internal Regulations of the Social Communication Unit of HU-Univasf” was analyzed in order to demonstrate the validity of the proposed instrument. This document received a negative evaluation. Thus, we report the Qualitative, Descriptive and Documentary Research, based on the stages of Literature Review, Documentary Research and Data Triangulation.

Keywords: Communicational Accessibility. Internal communication. Evaluation of communication policies. University Hospitals. Public administration.

Introduction

The management and operationalization processes of public functions are configured as a challenging demand (WRIGHT; KROLL; PARNELL, 2000, SILVA; ASSIS, 2016, NOGUEIRA; REINALDO; MAYER, 2013). In the search for guaranteeing the provision of services in an efficient and equitable way, Internal Communication, or Endocommunication, becomes an important resource, especially in multipurpose public institutions, as is the case

of University Hospitals (HUs), which operate simultaneously in the educational scenario and health promotion (NASSAR, 2008).

In order to subsidize the organizational activities in HUs, under the aegis of equality in access to assistance and educational services, regardless of the motor or cognitive specificities of the assisted individuals, Internal Communication (CI) requires institutional planning and support contemplated in a well-designed Communication Policy (VIGNERON, 2000, ABRACOM, 2008, BUENO, 2014, 2014b, 2014c).

Therefore, the architecture of these Policies must be guided by the normative and scientific precepts that deal with endo communicational development in the public hospital environment. As discussed in this article, this legal (juridical) and academic articulation provides the benchmark for good practices for the design and evaluation of internal communication policies endowed with the attribute of Communicative Accessibility (SASSAKI, 2006, 2009, BORGES, 2014, SARRAF, 2016, SARDAGNA; OLIVEIRA, 2017, PIMENTEL; PIMENTEL, 2017, ALVES, 2019, FIGUEIRA, 2019).

Therefore, inserting itself in the field of Organizational Communication (TORQUATO, 2002), the present study proposes and applies an evaluation instrument based on parameters of the scientific literature and legal norms to verify the insertion of the predicative of Communicational Accessibility in the configuration of Endocommunicational Policies of the HUs. The criteria that make up the instrument entitled “Reference model for the evaluation of Communicational Accessibility in Internal Communication Policies in University Hospitals” are described in a subsequent section.

In this sense, seeking to demonstrate the relevance of the evaluation framework now proposed, this article reports the analysis of the document named “Institutional Communication Guidelines and Internal Regulations of the Social Communication Unit of the University Hospital of Univasf”, in order to ascertain whether it meets requirements Communicational Accessibility. These Guidelines bring together the Internal and External Communication Policy of HU-Univasf, thus establishing the principles, instructions and standardization of communication procedures to be adopted in the hospital environment (HU-UNIVASF, 2017).

The federal hospital in question is located in the city of Petrolina-PE, being, therefore, the only public reference in the region to meet the demands of urgency and emergency, in medium and high complexity, coming from the interstate health network formed by 54 municipalities of Bahia and Pernambuco. HU-Univasf is an internship field for undergraduate courses from nine higher education institutions and seven technical schools located in the North, Northeast and Southeast regions. The unit also has thirteen residency programs in different areas of health.

State of the art research

Communicational accessibility

Initiatives that aim to make informational content intelligible relate to an attribute of greater scope, which becomes essential in the context of the democratization of public services; it is, in this context of discussion, Communicational Accessibility (SASSAKI, 2006, 2009, BORGES, 2014, SARRAF, 2016, SARDAGNA; OLIVEIRA, 2017, PIMENTEL; PIMENTEL, 2017, ALVES, 2019, FIGUEIRA 2019).

Sasaki (2006, 2009) addresses Communicational Accessibility from the perspective of the information exchange process. According to the author, to be considered accessible, this process must occur without any barriers, noises, or communication limitations existing between people with or without disabilities.

Corroborating the premise of Sasaki (2006, 2009), Borges (2014) also shows that the incorporation of the attribute of accessibility in the most diverse areas of human activity, especially in communication, becomes essential to guarantee the rights and emancipation of the individual. Especially when taking into account the context of the informational era and the mediation/virtualization of social experiences currently experienced.

In this context, various aspects of daily life, from obtaining government services (certificates, benefits, social security, institutional assistance etc.), as well as various forms of leisure/entertainment (social media, streaming, chat systems etc.) are accessed and experienced through the media. In this perspective, explain Sardagna and Oliveira (2017), the attributes of accessibility and inclusion become interdependent; therefore, having services (state or private) and actively participating in the social fabric through accessible communication tools are fundamental conditions for the individual to understand himself effectively integrated (PIMENTEL; PIMENTEL, 2017).

However, the process of developing spaces and routines with Communicational Accessibility is complex and includes structural (physical) and attitudinal (behavioral) variables, among others. Investing in technology and research, promoting public policies aimed at promoting accessible communication and promoting the active participation of people with disabilities in the construction of communication and information solutions is a promising path for the effectiveness of the resources of adaptations or communicational innovations aimed at inclusion (FIGUEIRA, 2019).

In addition, it is necessary to develop differentiated communication strategies capable of establishing new informational flows between people with or without motor and/or cognitive limitations. Sarraf (2016) recommends the adoption of a sensory communication capable of simultaneously exploring the various possibilities of interaction of individuals with the environment (smell, taste, touch, hearing, vision etc.) as a strategy to resolve possible communication barriers caused by disability.

Notwithstanding, Communicational Accessibility will only be made feasible when based on a society that presents truly inclusive behaviors and relationships, capable of mitigating, therefore, the attitudinal barriers that imply the real integration of people with disabilities. This scenario, in turn, reflects a process of inclusive education which requires the participation of the most diverse social instances, from the family to civil organizations, media and government entities (FIGUEIRA, 2019).

Therefore, Communicational Accessibility can be understood as the attribute of communication developed from the use of technological, behavioral, environmental, relational and informational strategies aiming at a truly equitable communication process between people regardless of their motor and/or cognitive specificities (SASSAKI, 2006, 2009, BORGES, 2014, SARRAF, 2016, SARDAGNA; OLIVEIRA, 2017, PIMENTEL; PIMENTEL, 2017, ALVES, 2019, FIGUEIRA 2019). This theme was addressed in the present research under the focus of actions that aim to promote the overcoming of communicational barriers in the provision of services in HUs.

Legal guidelines on health accessibility

For the purpose of implementing public services, Law No. 13,146, of July 6, 2015, determines the fulfillment and effectiveness of the Accessibility attribute, being, therefore, defined as: possibility and condition of reach for use, safely and autonomy, spaces, furniture, urban equipment, buildings, transport, information and communication, including their systems and technologies, as well as other services and facilities open to the public, for public or private use for collective use, both in urban areas and in urban areas. rural, per person with disabilities or reduced mobility (BRASIL, 2015).

In the scope of guaranteeing access of people with disabilities to health services, the referred law ensures, among other rights, comprehensive health care at all levels of complexity, with universal and equal access, following ethical and technical standards and considering related aspects the rights and specificities of people with disabilities, including topics such as their dignity and autonomy (BRASIL, 2015).

In addition, the imperative of accessibility in the scope of health is addressed in more detail by Ordinance No. 793, of April 24, 2012 from the Ministry of Health, which institutes the Care Network for Persons with Disabilities. Among the main rules of operation of the Network are the

respect for human rights, guaranteeing autonomy, independence and freedom for people with disabilities to make their own choices; the promotion of equity; promoting respect for differences and acceptance of people with disabilities, coping with stigma and prejudice; guarantee of access and quality of services, offering comprehensive care and multiprofessional assistance, under the

interdisciplinary logic; humanized attention focused on people's needs and diversification of care strategies (BRASIL, 2012, p. 2).

It appears that, in order to be accessible, services and service environments must have characteristics assimilable to the widest possible range of individuals, presenting, therefore, the adaptations and resources necessary for the adequate reception of people with disabilities (PIMENTEL; PIMENTEL, 2017, ALVES, 2019, FIGUEIRA 2019).

Accessibility and assistive technology initiatives under the SUS

In view of social demands, reflecting on the aforementioned legislative frameworks, some research initiatives and the adoption of assistive technologies have contributed to the incorporation of the attribute of accessibility in hospitals and other units of the public network. In this sense, health institutions have developed training strategies so that professionals in the area are able to adopt instruments and accessible behaviors in the process of welcoming, diagnosing and treating patients with motor and/or cognitive limitations.

The courses "Accessibility and the Principles of SUS-FIOCRUZ" and "Therapeutic Use of Assistive Technologies-UFMG", aimed at health professionals, are examples of initiatives aimed at interdisciplinary training and the adoption of accessibility resources in public health. Using multimedia (writing, videos, virtual classes, among others), the training offered by SUS addresses technical and behavioral aspects aimed at promoting inclusive and accessible care (FIGUEIREDO *et al.*, 2015, RESENDE *et al.*, 2015, ALVES, 2019).

Adoption of tactile floors, stretchers and tables with height adjustment, spaces with maneuverability for wheelchairs, ambience colors with high contrast and the use of electronic or analog orthoses and prostheses are some of the technical assistance features presented during the training. In addition, professionals are instructed about inclusive behaviors in the care process, such as narrating all the movement and approach when faced with blind people, using Brazilian sign language, articulating words well to facilitate lip reading, among others (ALVES, 2019).

Despite these positive initiatives, research aimed at assessing the level of assimilation of the attribute of accessibility in health facilities, especially regarding architectural, urban planning and availability of assistive resources, reveals that there is still a long way to go before the network assistance is considered effectively accessible (GALVAN *et al.*, 2019, FALCÃO, 2016, FIGUEIRA, 2019, PIMENTEL; PIMENTEL, 2017, SCHMENGLER; FREITAS; PAVÃO, 2018).

In light of this, researchers have proposed a series of solutions in innovation and adaptation aimed at resolving the communication and environmental barriers faced by people with disabilities. Ergonomic and compartmentalized trays for dispensing medications; crutches adapted to the patient's motor specificities; adapted feeding instruments; heated steam

bath technology and oral hygiene system for bedridden patients; ergonomic chairs adapted for conversion to stretchers and mobile applications aimed at maximizing the communication resources of people with disabilities are some examples of assistive technologies proposed aiming at greater autonomy and inclusion of patients with motor and/or cognitive limitations (MORO *et al.*, 2008, MIRENO *et al.*, 2018, DESIMON; BATIZ, 2012, RAMÃO, 2017, ANJOS, 2018, FALCÃO, 2016).

Communicational Accessibility in Endocommunication in University Hospitals

With a focus on the ambivalent role (sender and receiver) of people with disabilities in the information flow, offering subsidies for the construction of an inclusive environment, Communicational Accessibility is the one that provides for the “absence of barriers in interpersonal communication involving sign language, writing newspaper, magazine, book, letter, handout etc., including texts in Braille, use of the laptop and digital accessibility” (SARDAGNA; OLIVEIRA, 2017, p. 7).

The promotion of an accessible communicational scenario requires technical and cultural efforts. In the academic context, Castro and Almeida (2014, p. 79) highlight “the great challenges for universities in view of the access of students with disabilities: breaking the barriers that still exist (mainly, the attitudinal ones); predict and provide accessibility conditions (physical, communicational and pedagogical)”. These communicational barriers can manifest themselves in the form of any obstacle that makes it difficult or impossible to express or receive messages through the means or systems of communication, whether or not mass (BRASIL, 2000).

In HUs, Internal Communication, when developed from the perspective of accessibility, can contribute to the democratization of access to health services. As explained by Silva (2014), in his study on the environmental analysis of these spaces, in order to resolve these barriers, the use of communication resources and assistive technology “can contribute to an accessible space, because when the user understands and uses the space without difficulty, he feels more secure, autonomous and independent” (SILVA, 2014, p. 92).

As it is possible to observe, “including communicationally” demands to appreciate the absence of barriers (noise of messages or inoperability of channels) and, simultaneously, to make efforts to provide multimedia of equal access to information. Therefore, in the context of University Hospitals that serve a heterogeneous population range, it is essential to strive for inclusion in communication, which should be addressed not only to patients, but also to all professionals and students working in these health units.

Thus, communicative accessibility in health should contribute to the emancipation of individuals, considering that the progression of “autonomy for people with disabilities does not depend only on access to diagnosis, rehabilitation and the granting of orthoses,

prostheses and other assistive technologies. It depends on environments without architectural, communicational and attitudinal barriers ”[...] (MENDES, 2014, p. 37).

In view of the need to promote an effectively democratic communicational scenario, capable of establishing relationships and allowing a more comprehensive social participation, Communicational Accessibility is essential in the configuration of public informational processes. Thus, it is expected that endo communication policies will include inclusive resources aiming to ensure access to information sources and interaction channels by all individuals that make up the internal institutional public.

Regarding this imperative, Oliveira (2012, p. 49) explains that “communication policies must take into account fundamental issues, such as ensuring everyone’s participation in the organizational sphere, since democracy must go beyond the state sphere”. In the university and public hospital context, the cognitive specificities, social characteristics and other particularities of the internal and external audiences must be considered in the planning and execution of communication activities, thus promoting an inclusive and welcoming environment (CASTRO; ALMEIDA, 2014, SILVA, 2014, PIMENTEL; PIMENTEL, 2017, ALVES, 2019, FIGUEIRA, 2019).

The importance of evaluating communication policies

To guarantee Communicative Accessibility in University Hospitals, as well as in other institutions, adequate planning is imperative that includes, in its framework, the technical, structural, legal and cultural aspects aligned with the development of the hospital mission, as well as the communicational specificities of public (PINHO, 1991, DUARTE, 2007a, 2007b, ARMANI, 2008, KUNSCH, 2012, BELTRAME; ALPERSTEDT, 2014, BUENO, 2014, 2014b, 2014c).

Therefore, in order to verify the compliance of endocommunication policies in teaching hospitals, it is necessary to have a reference for these documents to be prepared or evaluated in order to correct possible distortions regarding the purpose and scope of the policies. The indispensability of evaluating Communication Policies is corroborated by Bueno (2015a, 2015b). For the author, it is necessary to periodically check the efficiency and relevance of the Communication Policy; always seeking to improve it and reintegrate it into institutional and social reality. Otherwise, it will be “run over” by changing conditions, the contexts in which it was originally generated (BUENO, 2015).

Confirming this reasoning, Nunes (2014) explains that public institutions of higher education need to be aware of the need for an adequate elaboration and evaluation of communication policies. Still according to the author,

the definition of Policies is fundamental for directing strategies that aim at a positive relationship with all agents with influence. Therefore, when preparing

its communication policies, the university must observe what is the mission and objectives assumed before its community (NUNES, 2014, p. 8).

In a university hospital, the main expected institutional results relate to the provision of services in education and health in an equitable manner. In this sense, the Internal Communication Policy must include the provision of communication resources capable of positively influencing the democratic and egalitarian character of educational and assistance activities based on accessible communication.

However, once these requirements have not been observed since the Policy elaboration phase, it is necessary to evaluate these documents. According to Armani (2008), Nunes (2014) and Bueno (2015a, 2015b), the diagnosis of a Communication Policy must be made in a systematic way, which implies the establishment of clear and well-founded criteria. In view of this imperative, the following is the methodological path used in the design of the “Reference model for the evaluation of good practices in Communicational Accessibility in the Internal Communication Policies of University Hospitals”.

Methodological path

Research classification and data collection

The work now outlined fits into qualitative research. According to Creswell (2007, p. 187), “qualitative research is fundamentally interpretive. This means that the researcher makes an interpretation of the data, which includes the development of a description of a person or a scenario, analysis of data to identify themes or categories”. Therefore, the qualitative bias of this research is highlighted, which was based on non-quantifiable methods, with a focus on the interpretative character based on the theoretical support, for the collection and analysis of data.

In addition, the work now exposed is also characterized as descriptive research, therefore having the objective of exposing the characteristics of the object of study (VERGARA, 2013, p. 42). This type of research makes it possible to investigate the attributes of the activities of public institutions, as is the case of HU-Univasf, being “usually carried out by social researchers concerned with practical action. They are the most requested by organizations such as educational institutions” (GIL, 2008, p. 28).

Furthermore, the study in question used bibliographic research (VERGARA, 2013). According to Vergara’s (2013, p. 43) understanding, this type of research consists of “the systematic study developed based on material published in books, magazines, newspapers, electronic networks, that is, material accessible to the general public”, enabling the researcher “to understand in what exploratory state, currently, is the problem studied, what works have already been done about it and, in turn, what are the prevailing opinions on

the subject” (MARCONI; LAKATOS, 2003, p. 186). Consequently, the fulfillment of this stage subsidized the understanding of the theoretical evaluative framework to be used in the analysis of the communication policy of HU-Univasf.

Documentary research, through the appreciation of documentary writings, such as memos, letters, legislation applied to the institution, regulations and manuals, among others (MARCONI; LAKATOS, 2002, GIL, 2008), was also used in the present work. Thus, the researcher was able to learn about the legal guidelines, institutional norms, in addition to other documents that guide the good practices in Endo Communication Policies in the scope of university hospitals.

Data analysis procedures

Prodanov and Freitas (2013, p. 129) conceptualize the Triangulation technique as “a process of comparing data from different sources in order to make the information obtained more convincing and accurate”. Thus, the work proposed here submitted the data obtained from different sources and collection methods to mutual contrast in order to observe the existence of validation of the research information. This activity configures the “Data Triangulation” (SAMPIERI; COLLADO; LUCIO, 2013).

The findings from the data collection and analysis steps are found in the subsequent topic of this article. The presentation of results is done through a multifactorial articulation of legal/academic, objective/subjective aspects, from the Literature Review and Documentary Research, of a conceptual and practical nature.

Therefore, the Data Triangulation allowed these variables to converge in a judicious way in order to obtain the scientific basis necessary to support the considerations made by the author on the proposal and application of the “Reference model for the evaluation of Communicational Accessibility in Internal Communication Policies in Hospitals College students”.

Results

Knowing the object of analysis: Institutional Communication Guidelines and Internal Rules of the Univasf University Hospital Social Communication Unit

The structure and content of the “Guidelines for Institutional Communication and Internal Regulations of the Social Communication Unit of the University Hospital of Univasf” is briefly presented below; document responsible for designing the hospital’s Endocommunication Policy. The opening of the Guidelines is done through the topics called “Presentation” and Introduction “. In the “Basic Assumptions”, these Guidelines establish

the guiding principles of communication activities, namely: transparency, ethics, credibility, excellence, social responsibility, sustainability, innovation and equality.

Sequentially, the topic “Objectives of the social communication of HU-Univasf” is observed, which inserts the motivating axes of the communicational actions and projects at the University Hospital. The item “Lines of work”, on the other hand, is intended to outline the areas of operation of the communication activities to be developed (HU-UNIVASF, 2017); these are: “Development of communicational routines”; “Communicational diagnosis”; “Creation and maintenance of channels and products”; “Structuring/documentation” and “Training and qualification in communication”.

Further, in the topic “Stakeholders”, the Guidelines identify the categories of individuals that make up the hospital community. These groups are allocated in two categories called “Internal Public” and “External Public”. Within the scope of the Internal Public there are user groups; collaborators; students; family members and employees of partner institutions. After specifying the institutional audiences, the norms that guide variables to be considered in the process of interaction with these groups are demarcated, which is recorded in the subdivision “Relationship with stakeholders”.

The subsequent item is entitled “Hierarchy, channels and internal and external communication flows”. Among other topics, this topic defines the prioritization scale to be applied in the development of the communicative activities of the HU. Further on, the subdivision “Of the internal and external communication channels of HU-Univasf” is responsible for enumerating the communication media and their applicability in the hospital environment. The set of “Internal Channels” includes those considered “formal”, intended for official communication, and “informal” channels defined as interaction resources intended for sociability.

The topic “Internal regulations of the social communication unit” opens the second part of the document described here, addressing “the duties and responsibilities of professionals assigned to the communication unit” (HU-UNIVASF, 2017, p. 16). Communication products and services are also registered under the responsibility of the Social Communication Unit. Finally, the topic “Finalization” reiterates and brings new valuing principles to the Guidelines such as “respect for the public and the public service” and “socio-environmental responsibility” (HU-UNIVASF, 2017).

Reference model for the evaluation of communicational accessibility in internal communication policies of university hospitals

It is observed that accessible communication in its various aspects is an imperative in the context of public hospital services (OLIVEIRA, 2012, BRASIL, 2012, SILVA, 2014, MENDES, 2014, CASTRO; ALMEIDA, 2014, SARDAGNA; OLIVEIRA, 2017). Based on this premise, there is a need to parameterize the recommendations prescribed for the

architecture of the HUs endocommunication policy in the search to meet the specificities of the internal public integrated by people with disabilities.

In this effort, the researcher used the theoretical basis using the scientific knowledge consolidated by the authors cited throughout this article. In addition, support was sought in the documentary framework of the public sector associated with the research theme — such as the Communication Policy of the Brazilian Hospital Services Company (EBSERH, 2018b), Access to Information Law (BRASIL, 2011), Law of Information Accessibility (BRASIL, 2000) and Federal Constitution of Brazil (BRASIL, 1988).

Therefore, as a research product, the following are the criteria that make up “Reference model for assessing Communicative Accessibility in Internal Communication Policies in University Hospitals” used in the analysis of the Communication Guidelines of HU-Univasf:

Table 1 – Reference model for the evaluation of good practices in Communicative Accessibility in the Internal Communication Policies of University Hospitals

Motivating question - What are the best practices in Internal Communication Policies in HUs in the promotion of Communicational Accessibility?
1. Enactment of the attributes of Accessibility, Inclusion and Equity/Equality as outlines of communicational activities in the public hospital service (BRASIL, 1990, 2012, 2015, SARDAGNA; OLIVEIRA, 2017, EBSEH, 2018b, ALVES 2019).
2. Insertion of clear objectives aiming to promote Communicative Accessibility (BRASIL, 1990, 2011, 2012, 2015, CASTRO; ALMEIDA, 2014, SILVA, 2014).
3. Insertion of resources (channels, products ...) and communication strategies clearly aimed at promoting Communicative Accessibility (BRASIL, 1990, 2011, 2012, SASSAKI, 2006, 2009, SARDAGNA; OLIVEIRA, 2017).
4. Employment of Assistive Technologies in the promotion of Communicative Accessibility (BRASIL, 2000, 2011, 2012, 2015, SILVA, 2014; SARDAGNA; OLIVEIRA, 2017, FIGUEIRA, 2019).
5. Promote the assimilation of inclusive and accessible behavior as a relationship practice for the Internal Public, in order to break attitudinal barriers that constitute an obstacle to the effective integration of people with disabilities (SASSAKI, 2006, 2009, BRASIL, 2012, CASTRO; ALMEIDA, 2014, COSTA, 2014, FIGUEIRA, 2019).
6. Guidance of the institutional architecture focused specifically on Communicative Accessibility (BRASIL, 2000, 2012, 2015, MENDES, 2014, SARDAGNA; OLIVEIRA, 2017, FALCÃO, 2016, PIMENTEL; PIMENTEL, 2017, EBSEH, 2018b, GALVAN <i>et al.</i> , 2019, FIGUEIRA, 2019)
7. Promotion of the active participation of people with disabilities in the assessment and development of communication flows (BRASIL, 2012, OLIVEIRA, 2012, COSTA, 2014, FIGUEIRA, 2019).

Motivating question - What are the best practices in Internal Communication Policies in HUs in the promotion of Communicational Accessibility?

8. Making communication resources feasible so that people with disabilities can be actively inserted in the “social life” of the organization, extrapolating the purely operational performance (BRASIL, 2000, 2012, COSTA, 2014, FIGUEIRA, 2019).
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Source: own authorship (2019).

Results of the application of the evaluation model

In view of this reasoning, we now proceed to analyze the attribute of Communicational Accessibility in the Communication Policy of HU-Univasf. Initially, it is worth noting that the themes “accessibility”, “inclusion” and “diversity” do not appear directly in any passage of the HU’s Communication Policy. This absence suggests the non-insertion of communication resources and practices aimed at paying attention to the cognitive and motor specificities of intrainstitutional interlocutors.

Such negligence becomes critical since norms such as Federal Decree No. 5,296, of December 2, 2004 (BRASIL, 2004) determine that the predicate of accessibility must be fulfilled in the provision of public services, as well as in institutional conduct aimed at offering these services. Furthermore, corroborating this need, in addition to the legal aspect, Costa (2014, p. 99) emphasizes that

it is necessary to move towards an ethics of life, ethics that create the conditions to generate a common, where it is possible that [...] differences circulate [...]. At that moment, the real discussion about social inclusion begins, when the fact of being a person with disabilities is simply involved by their citizenship, by the human being they represent. In any case, the field of Health will always be split between law and ethics. On the one hand, the relations regulated in an institutional way, on the other, the ethics that is exercised in each singular relationship, where the law cannot reach, in this region of non-law, where a person with a disability should be seen only as a person.

It is evident the need to build a health service delivery scenario whose mediation of accessibility is based on a humanistic ethics, able to see in the other person, regardless of their differences, a person with limitations, potentials and who deserves attention, respect and resources sociability. The ethics of accessibility, so to speak, allows us to understand that particular characteristics are part of everyone’s set, and not only of people with disabilities.

Establishment of objectives, responsibilities and forms of support from Internal Communication to Communication Accessibility

Continuing the analysis, as shown in Table 2, it is observed that, only indirectly, the HU-Univasf Communication Guidelines provide instructions on how to conduct communication processes in order to resolve possible barriers in relations with the Internal Public.

Table 2 – Guidelines - Internal Communication aiming at Communicational Accessibility

GUIDELINES: INTERNAL COMMUNICATION AIMING AT COMMUNICATIONAL ACCESSIBILITY (HU-UNIVASF, 2017).	
IN WHICH TOPIC	WHAT DOES IT ESTABLISH
PRESENTATION	Need for robust communication work so that information reaches all audiences with which HU-Univasf relates.
PRESENTATION	The Social Communication Unit will be responsible for providing communication support to all stakeholders.
BASIC ASSUMPTIONS	Promotion of “equality” as the responsibility of HU’s organizational communication.

Source: adapted from HU-Univasf (2017).

Such precepts may, at first sight, indicate an inclination of the HU’s Communication Guidelines to guarantee inclusive flows and endowed with the necessary characteristics to provide means of interaction and information consumption in an equitable way. However, a more detailed analysis reveals another reality. Despite establishing the need for a communicational work that allows information access for all audiences, the Guidelines do not specify which strategies or inclusive resources should be applied for this purpose.

The same problem occurs regarding the designation of the activities of the Social Communication Unit-UCS. According to the document studied here, it will be up to UCS to provide “communicational support to all stakeholders” (HU-UNIVASF, 2017, p. 11). The real possibility of fulfilling this commitment is weakened since, once again, communication responsibilities and methods aimed at Communicational Accessibility are not listed.

Similarly, the possibility of length of the “equality” promotion attribute in the Internal Communication of the HU is compromised (Chart 2). Because, since the strategies or channels/routines to ensure equitable informational access are not objectively contemplated, nor are the mechanisms defined for the inclusive attendance of the specific demands of the internal public defined, the observance of the said attribute is unfeasible.

Following on from the analysis of the “Communicative Accessibility” attribute in relations with the Internal Public, the following regulations are observed according to the communication policy of HU-Univasf:

Table 3 – Other guidelines related to Internal Communication and Communication Accessibility

GUIDELINES: OTHER GUIDELINES RELATED TO INTERNAL COMMUNICATION AND COMMUNICATIONAL ACCESSIBILITY (HU-UNIVASF, 2017).	
IN WHICH TOPIC	WHAT DOES IT ESTABLISH
SPECIFIC OBJECTIVES	Duty to strengthen the image of HU-Univasf before its stakeholders.
SPECIFIC OBJECTIVES	Duty to foster, exercise and disseminate good hospital practices based on humanization, innovation, search for excellence.
BASIC ASSUMPTIONS	Commitment to the development of communication practice based on respect for audiences.

Source: adapted from HU-Univasf (2017).

Again, a critical investigation reveals the inconsistency in the possibility of complying with such regulations. In order to strengthen the institutional image before individuals, it is necessary to establish strategic and efficient communication with all audiences, promote engagement campaigns, recognize the skills and contributions of these agents before the institution and also promote the active participation of the public in information flows (DECKER; MICHEL, 2006).

Consequently, the failure to include inclusive means of communication, capable of enabling the sending and receiving of messages adapted to the cognitive or motor specificities of the Internal Public, prevents the promotion of a good institutional image before these individuals and their networks of influence. In this same context, it is incoherent to deal with the promotion of “good hospital practices”, “humanization” and “excellence” in communication (Chart 3), since the planning and execution of concrete actions to subsidize inclusive communication is ignored .

It is important to emphasize that, to be effective, Communicative Accessibility must take on a reflective character, allowing not only that the person with disabilities can assimilate the technical and symbolic content necessary for sociability. It also means providing the active role of this subject, as the protagonist of the social context in which he is inserted, and can also build and deliver content to the other interlocutors. “The ‘ mutual adjustment ’between people with disabilities and society points to this sense of participation, collaboration, cooperation in the construction of social resources. Thus, having ‘access to resources’ is to participate simultaneously in its elaboration, production, construction” (COSTA, 2014, p. 99).

As for the “commitment to the development of communication practice based on respect for audiences” (Chart 3), it is understood that it is not possible to conceive respect for the totality of the Internal Public without paying attention to the specific communicational needs of the individuals who compose this public. Ignoring this factor undermines the

right to Access to Information (BRASIL, 2011) and prevents social participation in an equitable way in the evaluation and decision-making processes within the scope of the University Hospital.

In addition, the lack of effective promotion of inclusion contributes to the segregation of parts of the public and prevents recognition of the skills of people with disabilities. As Rocha and Miranda (2009, p. 33) warn, an inefficient inclusion strategy contributes to “isolate groups, to create ghettos and, consequently, to increase, in society, the fragmentation that we want to eliminate”.

Thus, in this non-inclusive scenario, the hospital community ceases to benefit from the operational and intellectual work of people with disabilities; collaboration that could be enhanced if there was an effectively accessible communicational scenario. This impossibility reflects the damage caused to all the public of interest of the HU due to the lack of compliance with the attribute of Communicative Accessibility.

In this sense, Costa (2014, p. 99) clarifies that the inclusion process cannot be treated only

in the line of access to services, but also of access to immaterial means, which is characterized, above all, by the production of a common, which is the mark of individuals' belonging to the social field, the fact that each collaborates in the construction of society and, therefore, the person with a disability is also part of this process, he must also participate in this construction.

Therefore, the account found so far reveals the need to reformulate the communication policy of HU-Univasf with regard to Communication Accessibility with a focus on the institution's Internal Public. It is worth noting that SUS regulations establish the principle of equity as a foundation for the provision of public health services (BRASIL, 1990).

Without this, the non-inclusion of the themes of accessibility, inclusion and diversity in the set of guidelines dealt with points to a conceptual and operational gap that needs to be resolved before the legal, scientific and social imperatives for the construction of an equitable public service. Corroborating this reasoning, the consolidated results of the application of the “Reference model for the evaluation of good practices in Communicative Accessibility in the Internal Communication Policies of University Hospitals” are presented in Chart 4 in the analysis of the “Guidelines for Institutional and Normative Communication” Intern at the Social Communication Unit of the University Hospital of Univasf ”

Table 4 – Consolidated Results

REFERENTIAL MODEL FOR THE EVALUATION OF GOOD PRACTICES IN COMMUNICATIONAL ACCESSIBILITY IN THE INTERNAL COMMUNICATION POLICIES OF UNIVERSITY HOSPITALS	
CRITERIA	EVALUATION OF HU-UNIVASF POLICY
Enactment of the attributes of Accessibility, Inclusion and Equity/Equality as outlines of communicational activities in the public hospital service.	Only the “equality” attribute is inserted in the Internal Communication Policy of the HU.
Insertion of clear objectives aimed at promoting Communicative Accessibility.	It does not present guidelines that objectively meet this recommendation.
Insertion of resources (channels, products ...) and communication strategies clearly aimed at promoting Communicative Accessibility.	It does not present guidelines that objectively meet this recommendation.
Use of Assistive Technologies to promote Communicative Accessibility.	It does not present guidelines that objectively meet this recommendation.
Promote the assimilation of inclusive and accessible behavior as a relationship practice for the Internal Public in order to break attitudinal barriers that constitute an obstacle to the effective integration of people with disabilities.	It does not present guidelines that objectively meet this recommendation.
Guidance of institutional architecture focused specifically on Communicative Accessibility.	It does not present guidelines that objectively meet this recommendation.
Promotion of the active participation of people with disabilities in the assessment and development of communication flows.	It does not present guidelines that objectively meet this recommendation.
Making communication resources feasible so that disabled people can be actively inserted in the “social life” of the organization, going beyond purely operational activities.	It does not present guidelines that objectively meet this recommendation.

Source: own authorship (2019).

Final considerations

The elaboration and application of the “Reference model for the evaluation of good practices in Communicational Accessibility in the Internal Communication Policies of University Hospitals”, based on the steps described in the section “Methodological Path”, proved to be satisfactory, providing a multifactorial diagnosis based on scientific and normative-legal. Among the problems detected in the Internal Communication Policy of HU-Univasf through the application of the proposed model, the absence of endocommunicational resources to guarantee Communicational Accessibility was considered critical.

Through the evaluation carried out, it was observed that the lack of insertion of the attribute of accessibility among the communicational principles and objectives reverberates negatively in the rest of the document studied; so that the HU policy does not clearly provide any kind of resource or conduct to reach an accessible internal communication scenario.

According to Mendes (2014), it is understood that the non-approach on accessibility in institutions is recurrent. For the author, the resolution of this problem initially demands “to overcome the imaginary that the deficiencies introduce additional complexities, since the discourse that derives from this imaginary, narrates difficulties that reveal ignorance and lack of experience in dealing with people efficiently” (MENDES, 2014, p. 41).

Then, practical institutional transformation is necessary through attitudes, methodologies and technical and symbolic devices aimed at the development of Communicative Accessibility, so that people with disabilities can passively or actively participate in information flows. In this sense, for HU-Univasf’s endo communication policy, it is recommended to insert the search for Communicational Accessibility as a non-negotiable principle of hospital practices.

In addition, the adoption of assistive technologies can help achieve this goal, as

provide people with disabilities with greater independence, quality of life and social inclusion, as they enable the expansion of their communication, mobility, control of their environment, facilitating the development of skills and conditions for their learning, work and integration with family, friends and society (ROCHA; MIRANDA, 2009, p. 27).

However, the real achievement of promoting social equality and respect for the public, as apparently sought by the HU’s Internal Communication Policy, will only be achieved through the effective participation of all parts of the internal public, especially people with disabilities, in the problematization and proposition of solutions to the concrete and symbolic challenges experienced by the hospital community.

References

- ABRACOM. **Como entender a Comunicação Interna**: caderno de Comunicação Organizacional da Associação Brasileira de Agências de Comunicação - ABRACOM. São Paulo: Suzano Papel e Celulose, 2008.
- ALVES, A. Acessibilidade e princípios dos SUS. Parte I. Módulo 3. **Acessibilidade**: barreiras e soluções. Rio de Janeiro: Fiocruz/Icict, 2019.
- ANJOS, M. **Uso do Open Patent Services na busca de soluções voltadas à contenção de pacientes em Centros de Atenção Psicossocial – CAPS**. 2018. 104 f. Dissertation (Graduate Program of Professional Master's Degree in Administration - Health Systems Management) - Universidade Nove de Julho, São Paulo, 2018.
- ARMANI, D. **Mobilizar para transformar**: a mobilização de recursos nas organizações da sociedade civil. Editora Peirópolis, 2008.
- ASSIS, L.; SILVA, C. Aplicabilidade do Planejamento Estratégico em Hospitais Universitários Federais. **Revista de Gestão em Sistemas de Saúde**, v. 5, n. 2, 2016.
- BELTRAME, M.; ALPERSTEDT, G. Construção de política de comunicação em instituições de educação profissional, científica e tecnológica: uma proposta com base na experiência do IFSC. **Navus – Revista de Gestão e Tecnologia**, v. 5, n. 2, 2015.
- BRASIL. **Constituição da República Federativa do Brasil de 1988**. Available at: http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm. Accessed on: Jul. 27, 2018.
- BRASIL. Lei nº 13.146, de 6 de julho de 2015. Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência). **Diário Oficial da União**, 2015.
- BRASIL. Lei nº 10.098, de 19 de dezembro de 2000. Estabelece normas gerais e critérios básicos para a promoção da acessibilidade das pessoas portadoras de deficiência ou com mobilidade reduzida, e dá outras providências. **Diário Oficial da União**, 2000.
- BRASIL. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. **Diário Oficial da União**, 1990.
- BRASIL. Acesso à informação pública: uma introdução à Lei nº 12.527, de 18 de novembro de 2011. **Anuário de Brasília (DF)**, 2011.
- BRASIL. Portaria nº 793, de 24 de abril de 2012. Institui a Rede de Cuidados à Pessoa com Deficiência no âmbito do Sistema Único de Saúde. **Diário Oficial da União**, 2012.
- BORGES, S. **Sustentabilidade & acessibilidade**: educação ambiental, inclusão e direitos da pessoa com deficiência – práticas, aproximações teóricas, caminhos e perspectivas. Brasília: OAB Editora, 2014.
- BUENO, W. **Comunicação Empresarial**: alinhando teoria e prática. Barueri: Manole, 2014a.
- BUENO, W. A construção de uma Política de Comunicação como processo de legitimação da comunicação pública no Brasil. **Revista Comunicação Midiática**, v. 9, n. 3, 2014b.
- BUENO, W. **As redes sociais e a imagem das organizações**. Agência Alvo verde Jornalismo, São Paulo, 2014c.
- BUENO, W. **Política de Comunicação**: só poucas organizações podem ter. Belo Horizonte: RH Portal-Solidez, 2015a.

- BUENO, W. **Política de Comunicação do IFRS**: conceito, metodologia e participação. Bento Gonçalves, Editora Tesius: 2015b.
- CASTRO, S.; ALMEIDA, M. Ingresso e Permanência de Alunos com Deficiência em Universidades Públicas Brasileiras. **Revista Brasileira de Educação Especial**, v. 20, n. 2, 2014.
- COSTA JÚNIOR, A.; COSTA, C. A Comunicação como Efetivação da Transparência na Gestão Pública: um estudo de caso em uma Prefeitura Municipal no interior do Nordeste. **Revista Temática**, v. 10, n. 2, 2014.
- CRESWELL, J. **Projeto de Pesquisa**: métodos qualitativo, quantitativo e misto. 2a. ed. Porto Alegre: Artmed, 2007.
- DECKER, C.; MICHEL, M. **A imagem nas organizações públicas**: uma questão de política, poder, cultura e comunicação – Estudo de caso INSS em Pelotas, 2006. Available at: <http://www.bocc.ubi.pt/pag/decker-cleitton-michel-margaret-imagem-nas-organizacoes.pdf>. Accessed on: Nov. 12, 2018.
- DESIMON, S.; BATIZ, E. Método de desenvolvimento conceitual de tecnologias assistivas hospitalares: design de uma cadeira ergonômica para tratamento em hemodiálise. **Produção em Foco**, v. 2, n. 1, Dec. 21, 2012.
- DUARTE, J. Comunicação Pública. In: DUARTE, J. **Comunicação e Crise**. Brasília, 2007a.
- DUARTE, J. Instrumentos de Comunicação Pública. In: DUARTE, J. (Org.). **Comunicação Pública**: Estado, Mercado, Sociedade e Interesse Público. São Paulo – SP: Atlas, 2007b.
- EBSERH, Empresa Brasileira de Serviços Hospitalares. **Política de Comunicação da Ebserh**, 2018. Available at: <http://www2.ebserh.gov.br/documents/14003/3153409/Pol%C3%ADtica+de+Comunica%C3%A7%C3%A3o+Institucional+Ebserh+Aprovada+CA.pdf/b6d347a1-bd76-414a-b862-22551e70c7fc>. Accessed on: 4 fev. 2019.
- FALCÃO, C. **Diretrizes projetuais para recepções setoriais de hospitais universitários federais**. 2016. 240f. Dissertation (Master's Degree in Ergonomics). Universidade Federal da Pernambuco (UFPE), Centro de Artes e Comunicação, Recife-PE, 2016.
- FIGUEIRA, E. **O legado de Emílio Figueira à Inclusão Brasileira**. 1a. ed. São Paulo: Agbook /Acervo Inclusivo, 2019.
- FIGUEIREDO, A. *et al.* **Uso terapêutico de tecnologias assistivas**: direitos das pessoas com deficiência e visão. Belo Horizonte: Nescon/UFMG, 2015.
- GALVAN, L. *et al.* Análise da acessibilidade no centro de tratamento da criança com câncer de um hospital universitário. **Cadernos Brasileiros de Terapia Ocupacional**, São Carlos, v. 27, n. 1, p. 81-91, jan. 2019.
- GIL, A. **Métodos e Técnicas de Pesquisa Social**. 6a. ed. São Paulo: Atlas, 2008.
- HU-UNIVASF. Hospital Universitário da Universidade Federal do Vale do São Francisco. **Diretrizes de Comunicação Institucional e Normativa Interna da Unidade de Comunicação Social do HU-Univasf**, 2017. Available at: <http://www2.ebserh.gov.br/web/hu-univasf/diretrizes-de-comunicacao-institucional>. Accessed on: 4 fev. 2019.
- KUNSCH, M. Comunicação pública: direitos de cidadania, fundamentos e práticas. In: MATOS, H. (Org.). **Comunicação pública**: interlocuções, interlocutores e perspectivas. São Paulo – SP, ECA-USP/CECORP, 2012.
- LUNA, S. **Planejamento de pesquisa**: uma introdução. São Paulo: Educ, 2002.
- MARCONI, M.; LAKATOS, E. **Fundamentos de Metodologia Científica**. São Paulo: Atlas, 2003.

- MENDES, V. Da “narrativa da dificuldade” ao diálogo com a diferença: construindo a Rede de Cuidados à Saúde da Pessoa com Deficiência. Ministério da Saúde (org.). *In: Diálogo (bio)político sobre alguns desafios da construção da Rede de Cuidados à Saúde da Pessoa com Deficiência do SUS*. Brasília – DF: Ministério da Saúde, 2014.
- MIRENO, G. *et al.* Contribuições do Design na promoção da autonomia em um Hospital Psiquiátrico de Santa Catarina. *In: XIII-CONGRESSO BRASILEIRO DE PESQUISA E DESENVOLVIMENTO EM DESIGN*. Joinville: UNIVELLE, 2018. **Proceedings....**
- MORO, E. *et al.* Projeto Cor@gem: o acesso e o uso das TICs entre pacientes hospitalizados e a interação em ambientes virtuais de aprendizagem. **Inclusão Social**, v. 2, n. 2, 7 may 2008.
- NASSAR, M. Novas Tecnologias de Comunicação em Hospitais: a Internet como Estratégia para Gestão do Relacionamento com os Públicos. *In: CONGRESSO BRASILEIRO DE CIÊNCIAS DA COMUNICAÇÃO*. Natal: UFRN, 2008. **Proceedings....**
- NOGUEIRA, H.; REINALDO, P.; MAYER, V. Comunicação interna no âmbito da gestão pública: o caso de uma autarquia pública federal brasileira. **REGE. Revista de Gestão USP**, v. 20, 2013.
- NORONHA, D.; FERREIRA, S., Revisões da Literatura. *In: CAMPELLO, B.; CENDÓN, B.; KREMER, J. (Org.). Fontes de Informação para Pesquisadores e Profissionais*. 2a. Reimpressão. Belo Horizonte: Editora UFMG, 2007.
- NUNES, A. A comunicação universidade-sociedade. *In: XIV ENCONTRO DOS GRUPOS DE PESQUISA EM COMUNICAÇÃO - Relações Públicas e Comunicação Organizacional*. Foz do Iguaçu: UDC, 2014. **Proceedings....**
- OLIVEIRA, M. Comunicação organizacional e comunicação pública *In: MATOS, H. (Org.). Comunicação pública: interlocuções, interlocutores e perspectivas*. São Paulo – SP, ECA-USP/CECORP, 2012.
- PIMENTEL, S.; PIMENTEL, M. Acessibilidade para inclusão da pessoa com deficiência: sobre o que estamos falando? **Revista FAEEBA**. Salvador, v. 26, n. 50, 2017.
- PINHO, J. **Propaganda institucional: usos e funções da propaganda em relações públicas**. São Paulo: Summus, 1991.
- PRODANOV, C.; FREITAS, E. **Metodologia do Trabalho Científico: Métodos e Técnicas de Pesquisa e do Trabalho Acadêmico**. 2a. ed. Novo Hamburgo: FREEVALE, 2013.
- RAMÃO, G. **Utilização de informações patentárias na busca de soluções inovadoras para o setor de atendimento hospitalar**. 2017. 100 f. Dissertation (Graduate Program of Professional Master’s Degree in Administration - Health Systems Management) Universidade Nove de Julho, São Paulo, 2017.
- RESENDE, L. *et al.* **Uso terapêutico de tecnologias assistivas: direitos das pessoas com deficiência e audição**. Belo Horizonte: Nescon/UFMG, 2015.
- ROCHA, T.; MIRANDA, T. A inclusão de alunos com deficiência no ensino superior: uma análise de seu acesso e permanência. *In: DÍAZ, F.; BORDAS, M.; GALVÃO, N.; MIRANDA, T. (Org.). Educação inclusiva, deficiência e contexto social: questões contemporâneas*. 1a. ed. Salvador: Edufba, 2009.
- SAMPIERI, R.; CALLADO, C.; LUCIO, M. **Metodologia de Pesquisa**. 5a. ed. São Paulo: Penso, 2013.
- SARDAGNA, H.; OLIVEIRA, S. Pesquisa e Produção de Tecnologia Assistiva: Promovendo Inclusão e Acessibilidade. **Pleiade-Uniamérica**. v. 11, n. 22, 2017.
- SARRAF, V. P. **Acessibilidade em Espaços Culturais: mediação e comunicação sensorial**. São Paulo: EDUC: FAPESP, 2016.

SASSAKI, R. Inclusão: acessibilidade no lazer, trabalho e educação. **Revista Nacional de Reabilitação (Reação)**, São Paulo, ano 12, n. 67, p. 10-16, mar./apr. 2009.

SASSAKI, R. **Inclusão**: Construindo Uma Sociedade Para Todos. 7a. ed. Rio de Janeiro: WVA, 2006.

SCHMENGLER, A.; FREITAS, S.; PAVÃO, S. Acessibilidade no atendimento educacional de alunos público-alvo da Educação Especial em uma Classe Hospitalar do estado do Rio Grande do Sul. **Práxis Educativa**, Ponta Grossa, v. 13, n. 1, p. 128-144, jan./apr. 2018.

SILVA, L. **Acessibilidade físico-espacial em hospital público na percepção dos usuários com deficiência**: estudo de caso nas áreas externas e acessos de hospital universitário em Joao Pessoa-PB. 2014. 131f. Dissertation (Master's Degree in Architecture and Urbanism). Universidade Federal da Paraíba (UFPB), Centro de Tecnologia, João Pessoa-PB, 2014.

VERGARA, S. **Projetos e Relatórios de Pesquisa em Administração**. 14a. ed. São Paulo: Atlas, 2013.

VIGNERON, J. Comunicação interna além das mídias. **Revista Líbero**, v. 4, n. 7, 2000.

WRIGHT, P.; KROLL, M.; PARNELL, J. **Administração estratégica**: conceitos. 1a. ed. São Paulo: Atlas, 2000.

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