Research

WELCOMING SERVICES: TRIAGE OR STRATEGY FOR UNIVERSAL HEALTH ACCESS?*

ACOLHIMENTO: TRIAGEM OU ESTRATÉGIA PARA UNIVERSALIDADE DO ACESSO NA ATENÇÃO À SAÚDE?

ACOGIDA: ¿TRIAJE O ESTRATEGIA PARA LA UNIVERSALIDAD DE ACCESO A LOS SERVICIOS DE SALUD?

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ABSTRACT

This is a qualitative case study that aims at understanding people's access to healthcare services from the point of view of both service users and professional staff. It characterizes welcoming as a low technology tool that optimizes and organizes health care processes in health units. Data was collected through semi-structured interviews to thirteen health care professionals and afterwards analysed using content analysis. Two categories were identified: 1) the (in) existence of a daily welcoming service in health care; and 2) creation of links between professionals and users. The study questioned the effectiveness of the welcoming process: despite being a comprehensive care practice, it was not used on a daily basis being reduced to simple triage. This context may hinder the universal access to health care. Welcoming as a comprehensive care strategy can enable the establishment of bonds between professionals and users and facilitate the access to the service. The study concluded that the implementation of a welcoming service can contribute to change everyday health care practices, guided by a comprehensive approach geared towards differentiated care and to the improvement of the users' quality of life.

Keywords: Welcoming; Comprehensive Health Care; Primary Health Attention; Triage; Nursing Care.

RESUMO

O presente artigo apresenta o acolhimento como uma das estratégias para o acesso a partir dos discursos de profissionais, considerado como uma tecnologia leve que otimiza e organiza o processo de cuidado nas unidades de saúde. Constitui-se em um estudo de caso qualitativo com objetivo de caracterizar o acolhimento como uma das estratégias para a concretização do acesso na concepção dos profissionais da ESF. Participaram da pesquisa 13 profissionais de saúde de um município de Minas Gerais e a coleta de dados foi feita por meio de entrevistas com roteiro semiestruturado. Os dados foram analisados segundo a técnica de análise de conteúdo e foram organizados em duas categorias: a "(in)existência" do acolhimento no cotidiano do cuidado em saúde e a construção de vínculo profissional-usuário. Foram identificados aspectos contraditórios acerca da eficácia do acolhimento que, apesar de estratégia reconhecida para o cuidado integral, não se constitui como tal na prática do serviço, delimitando-se como simples triagem, o que pode ser um dificultador da universalidade do acesso. Entretanto, o acolhimento pode ser uma estratégia de cuidado integral que propicia aproximação entre profissionais e usuários, com a criação de vínculo, e facilita, portanto, o acesso ao serviço. Concluiu-se, porém, que se concretizado na prática cotidiana dos serviços, o acolhimento pode se tornar capaz de construir mudanças no fazer cotidiano da saúde, pautadas na integralidade do cuidado tanto para uma assistência diferenciada como para a organização dos serviços, com vistas à qualidade de vida dos usuários.

Palavras-chave: *Acolhimento; Assistência Integral à Saúde; Atenção Primária à Saúde; Triagem; Cuidados de Enfermagem.*

RESUMEN

Este artículo presenta la acogida como tecnología ligera que optima y organiza el proceso de atención en los servicios de salud. Se trata de un estudio de caso cualitativo que estima caracterizar la acogida como una de las estrategias para la concreción del acceso desde el punto de vista de los enfermeros del programa Estrategia Salud de la Familia. En la investigación participaron trece profesionales de un municipio de Minas Gerais; la recogida de datos se realizó a través de entrevistas semi-estructuradas; los datos se analizaron según el análisis de contenido y organizaron en las categorías: " (in)existencia de acogida en la atención diaria de salud y "construcción del vínculo profesional - usuario". Se identificaron aspectos contradictorios sobre la eficacia de la acogida: a pesar de ser una estrategia reconocida para la atención integral, no lo es en la práctica, siendo utilizada apenas para el triaje, lo cual podría ser un obstáculo para la universalidad del acceso a los servicios de salud. La acogida podría ser la estrategia de atención integral para aproximar profesionales y usuarios, creando vínculos entre ellos y facilitando, luego, el acceso a los servicios. Llegamos a la conclusión que si la acogida se pudiera concretarse en la práctica diaria de los servicios, podría tornarse capaz de construir cambios

en las tareas cotidianas basadas en la integralidad de la atención, tanto para la atención diferenciada como para la organización de los servicios, con miras a mejorar la calidad de vida de los usuarios.

***Palabras clave**: Acogimiento; Atención Integral de Salud; Atención Primaria de la Salud; Triaje; Atención de Enfermería.*

INTRODUCTION

This paper presents the results of a survey on access to health care services*. It aimed at understanding the access to health care from the perspective of users and Family Health Strategy (ESF) professionals. Discourse analysis revealed the importance of welcoming for service organization and for the establishment of links between professionals and users aimed at a comprehensive care. Despite its recognition as a tool to provide better health care services, this practice is generally implemented as triage.

Welcoming can be considered as a type of low technology tool that optimizes users' demands and organizes care processes of local health units. A professional, through bonding and open listening skills, performs the duties of welcoming, task distribution, problem solving and automating. This low-tech work depends on the interaction between professionals and users and on their ability to articulate and qualify this relationship according to the humanitarian principles of solidarity and citizenship.[1] This technology is a process under constant construction and reorganization within the regular routine of the ESF teams; it has contributed to increase access to health services and to improve health care delivery according to users' demands.[2,3]

Welcoming services are an important feature in the process of restructuring health care services, beginning with the ESF and the National Humanization Policy (PNH). Those programmes aim at addressing the difficulties, such as the increase in the amount of free access to health services; the devaluation of health care work; the gap between professionals and users; and the fragmentation of health care actions. Given this context, welcoming could enable the organization of actions guided by integrated care principles.[4]

A high-quality welcoming service should build a link between professional and user for the patient to be considered as an integral being and the focus of the care process. Therefore, health professionals should be able to improve their intervention capability, possibility of autonomy and problem solving skills. The population, as well, should have more access to the health services offered by the Primary Health Care (APS) and continuity of care, i.e. welcoming should change the way health services are produced and provided.[2-5]

Daily challenges faced by family health teams that affect quality of patient care may be caused by mechanical and technical welcoming defined, basically, as triage, i.e. a process of sorting patients for medical consultations and specific procedures. Given such context, people in need of care do not feel welcome nor are satisfied with the service. Such difficulties can be minimized when there is a team of qualified health professionals able to provide a high-quality welcoming service open to talk and listen, capable of improving the population's access to health services, as well as enabling the organization of local health care services.[5]

A welcoming attitude should be present in every consultation, whether in casual conversation or in individual care. For this to happen, health professionals should actively listen to users, strengthening, therefore, the bond and the reliability of health care strategies.[6,7]

In general, welcoming in health services favours improvements through ethical and humanized care, through the interaction between individuals and health team, through service organization and work processes that treat patients with quality and offer continuity of care.[8] A successful welcoming service depends on health professionals that consider the different demands of the population and follow the principles of integrated care. Health care based on humanizing values creates positive links between health team – via a user-centred approach – and the community in need of care.[5,6]

In such context, this paper aims at characterizing welcoming as a strategy to ensure access to health care services in the perspective of ESF professionals. Its data were part of a larger project which aimed at understanding the access to health services according to ESF professionals.

METHODOLOGY

This is a qualitative case study carried out in a municipality of the state of Minas Gerais, and developed as a single-subject research. The chosen method is the most suitable one due to the fact that welcoming is a subjective, complex phenomenon with different meanings to people. Furthermore, this approach enables the researcher to understand the current context and to investigate beyond the observable and measurable elements.[9]

The study setting was a small municipality in the Jequitinhonha Valley with two ESF teams caring for 100% of the urban and rural population. The inclusion criterion was ESF health professionals that agreed to participate in the research. The participants were chosen randomly among doctors, nurses, nursing assistants and community health workers; at least one professional of each team participated in the study.

Data were collected in the two local ESF units, through semi-structured interviews with questions about access to health services. The interviews with 13 participants were re-

corded and transcribed until data saturation. They took place concomitantly in the health units, after prior appointment with participants that read and signed the term of free and informed consent. The study participants were identified by the letter P followed by a number representing the sequence in which the interview was conducted; no distinction was made between the different professional categories. The project was approved by the Ethics Committee of the Federal University of Minas Gerais, protocol No ETIC 0571.0.203.00-09.

Data were analysed using thematic content analysis[10], which includes the identification of subjects, the establishment of categories after transcription and systematic reading of narratives. Results demonstrated that welcoming was organized into two categories: "(in) existence" of welcoming as a means of access to health services and integrated care; and the professional-user relationship.

RESULTS AND DISCUSSION

"(IN) EXISTENCE" OF WELCOMING AS A MEANS OF ACCESS TO HEALTH SERVICES AND INTEGRATED CARE

Some relevant aspects refer to knowledge about welcoming, from its concept to its implementation as a means of improving access to comprehensive health care. To understand the meaning and value of welcoming and other ideas implicit in this practice – such as humanization, access, resolvability, integrated care, teamwork and even the role of the professional in charge of welcoming patients – means to join theory and practice and a better health care delivery.

However, lack of knowledge about welcoming guidelines means that there are no common procedures to the whole team. Since welcoming is not part of a strategy for integrated health care, regular primary health care practices are redefined: *"[...] there are no welcoming services in the unit right now; not yet. We will now implement one; one with risk assessment"* (P3).

The present paper demonstrates that in addition to the lack of a welcoming service, a triage with risk assessment is implemented and named as such, as exemplified in the above statement. This technicist perspective considers welcoming as a process that aims at classifying individuals according to their clinical risk and in a first-come-first-serve basis. Welcoming as risk assessment has little effect on users requiring quality care; they have their immediate problems quickly solved, but no adequate monitoring. Some professionals believe that risk assessment has improved care; others have detected no changes. Only the first-come-first-served policy has changed; other conditions needed to improve service quality have not been observed.[11]

Welcoming with risk assessment was introduced in health units through the National Program of Humanization (PNH), in order to speed up care based on the individual's health needs; it is performed by a specialist and carried out according to a protocol. Risk rating ensures care, prioritizing specific cases; it also allows organizing care flow and service network. [11,12] Risk rating aims at replacing traditional triage, a process that prioritizes first-come-first-served procedures and excludes those in need of immediate care at the end of the queue.[11,12]

The possibility of approaching the individual, of building a connection, complicity, an integrated care approach, access to care and qualified listening, all required in the healthcare process, are lost. It reduces welcoming to clinical practice based on a "complaint-procedure" and focused on emergency situations. It distances itself from the objective of promoting quality of life through the public health system and of expanding the users' access to such services.[13] Clinical protocols should not exclude qualified listening, the looking beyond signs and symptoms, the appreciation of anxieties and concerns of those seeking care; it should optimize humanized care. A major challenge is its non-applicability.[11] Many professionals still characterize welcoming as triage which should not be simplified to case prioritization, but should have a wider scope than that of the occasional emergency and problem-solving care.[14]

Education and training of public health professionals is important for them to get acquainted with concepts related to humanized, comprehensive and quality care that may contribute to improve their performance and meet local demand for a better quality service. [2,3,6]

Health care professionals do not agree on who of them should be in charge of the welcoming duties:

> *[...] I think welcoming should be the nurse's responsibility here; it is mostly done by me (nursing technician) and the nursing assistant [...] I don't think many are capable of doing it, but I think it should be the nurse. (P1) [...]*

When professionals were asked about who should be responsible for the duty, many acknowledged that the nurse was the most suitable professional. Welcoming with risk rating should be performed by a specifically trained professional, but welcoming, in general, should be done by all those working in the health unit. Learning skills, hospitality, ability to relate to others and guide them according to their demand, expedite the routine and access to the services.[14]

Welcoming is turned therefore into a technique to be used by the health professional, removed from a receptive posture that should be practiced by every team member. Welcoming is a means of communication between users and health

professionals and it should be developed as teamwork aiming at quality and resolutivity.[15]

In order to overcome fragmentation of knowledge characteristic of current welcoming experiences, interpersonal relationships should be discussed in ESF meetings: personal conflicts among professionals will be thereby minimized and respect consolidated, thus improving group interaction and team communication. Welcoming is the result of a multidisciplinary effort and a social construction, which encompasses health team, community and institutions.[15]

Regarding welcoming as a tool to improve access to health and comprehensive care processes, the statements below indicate the implementation of ineffective procedures, with little solvability, organization and use of comprehensive practices.

> *[...] they [the patients] queue too early; some arrive before dawn [...] I think that is what really disrupts our activities here, the welcoming [...] triage [...] it doesn't work; we wouldn't have such long line of patients requiring consultations if we had a more efficient welcoming service [...] that could reduce the patients' queueing time (P8).*

Some professionals recognize the need to change the ESF welcoming service so that it becomes an instrument to humanize and improve care. The above statement describes the need for an efficient welcoming, which would result in users' satisfaction and improve quality of life.[15] In order that the users' needs are comprehensively met, it is essential that they are welcome in the health unit – a space for research, development, negotiation – invitingly.[13]

The lack of organization of health services is reflected in long queues; health workers feel overloaded; processes are repetitive and unproductive; level of users' dissatisfaction is high; there is no coordination of the provided information. An interdisciplinary organization should go beyond the reflecting on and problematizing of the work process, so as to improve the effectiveness of clinical care. This idea is feasible in an open and flexible culture in which decision-making is in the hands of managers and qualified technical teams. [1,16-18]

Article 196 of the Brazilian Constitution guarantees the right to health care to all. The APS is the user's entrance door to the health system. Therefore basic care should be friendly; it should have humanized care values, a reference service network and a flow of networks that allow for referrals.[19]

According to the study participants, issues concerning service organization and users' reception mean that cases that could be solved at the unit's front desk are unnecessarily forwarded to doctors and nurses.

> *[...] [The patient] arrives there at the desk and asks for something, he can't make himself understand, and then sometimes he goes away swearing or sometimes a simple thing that could be solved at reception is forwarded to me or to other nurses. So I think we need to have things reorganized in here (P9).*

The lack of a welcoming reception that encourages qualified listening suggests a certain disorganization of the service. A welcoming reception could avoid conflicts between users and health professionals and create spaces conducive to the establishment of a link between both parts.

Moreover, there are even more obstacles to the organization of such services:

> *[...] The service exists, and is being offered, I think I can say that for me and for all the team: although we do not work as a team, I think we all try to do our best [...] Most consultations can be scheduled, but they [the professionals] are afraid to change the service organization; it is fear [...] Fear because if someone asks for an appointment and is given one next month or next week the user can complaint to the secretary or mayor: then they call you almost immediately and make you get the user an appointment that same day, regardless of the problem. (P13).*

The same thing happens in other cities: the use of some big shot's influence – result of a doctor-centred health care model. It is the consequence of the lack of teamwork, which recognizes an individual effort, but that does not enable changes that could improve the service. Another study[20] demonstrates that medical consultations and medicines are most sought after since the prevalent health care model focusses on cause and effect.

The implementation of welcoming services aims at reorganizing work processes in order to always offer a positive answer to the user's health problem.[16] This low technology strategy should be present at all times when users are in the basic health unit (UBS), including reception, a space in which their needs are recognised and priorities established. Friendliness, politeness, interest and kindness are synonymous with a good welcoming service. The health professional should be keen to fulfil the users' demands, establish a good relationship with them and take into account their individualities and specific needs when prioritizing the service.

Welcoming is closely related to solvability when it emphasizes the organization of a new "entrance way" able to accommodate all, ensuring good quality service, solving as many issues as possible and guaranteeing the users' referral to other services when necessary.[21] In order to improve the access to health care services, the implementation of comprehensive care and welcoming as a means to service organization and scheduled and spontaneous demand is essential. Health professionals, us-

ers and local managers should be aware of its importance and adopt effective measures for its implementation within the ESF.

Problems and challenges demonstrated in other researches were found in the present study: regardless of the implementation of welcoming services with or without risk rating, an inadequate physical infrastructure, lack of privacy for qualified listening, high employee turnover, unprepared professionals, the fragmentation of the service network and the population lack of understanding about the objectives of welcoming hinder quality of care. [1,11,14,21]

Given such context, there are conflicting views about the effectiveness of the welcoming services at the ESF. The present study demonstrates that health professionals are dissatisfied with welcoming in their unit: long queues, difficulties related to the reception of users and lack of priorities for treating patients make it impossible to implement integrated care. On the other hand, welcoming is effective, there is a good level of solvability of users' demands and the local community is pleased with the care delivered.

In general, welcoming is not based on comprehensive care as recommended. It is focused instead on the classification of nursing visits and the structural and organizational problems still present.

PROFESSIONAL-USER LINK

The establishment of a connection between professionals and users allows for comprehensive care and facilitates the access to health services; it promotes users' satisfaction with the care received, which includes qualified listening, attention and an interest in their needs.[1,5]

The Basic Attention National Policy (PNAB) in line with the ESF develops links and accountability relationship between teams and population, ensuring continuity of actions and longitudinal patient care. In this context, welcoming aims at improving the relationship between health professionals and population, as well as the structure and health service organization.[7]

Qualified listening and commitment to users' needs should gear health professionals towards problem-solving and the correct referral of cases. It is essential to recognize the importance of listening skills:

> *[...] here in welcoming [...] we pay attention, we ask questions. Because sometimes people don't need to see a doctor; they just need to talk, isn't? Then sometimes we sit, talk, then when you understand what they really need [...] we refer them [...] sometimes people are more pleased with a chat than with a doctor appointment (P10).*

In order to establish a link with the patient time availability is essential. Such a simple action does not generate work overload; it creates stronger connections aiming at new actions and interventions and allows the construction of comprehensive care with co-participation.

The identification of causes that lead the user to the ESF is possible through a quality welcoming in which the health professional demonstrates concern for the users' complaints.[1,15,17]

The receptivity of health professionals and their understanding of the user's needs through verbal and other communication methods is important for their individual interpretation, so positive results can be achieved.[10] Some attitudes can improve the link with users and the welcoming practices of the healthcare team – comprehensive practices, such as customer approach, greeting, individualization, attentiveness and concern about the users' problems.[22]

The health unit is transformed from a space dedicated exclusively to the resolution of health or disease problems into a place of coexistence which is made possible thanks to the establishment of links between health professionals and users. It is then possible to get to know that population group: "*[...] I think that this population needs attention. Disease is not always the issue [...] it is an aged population*" (P12).

Ethical conflicts are a part of the ESF daily routine; welcoming must ensure that universality, comprehensiveness and equity, the principles of the Unified Health System (SUS), are guaranteed.[22]

In order to enable the health professional to get closer to users, existing community rules have to be respected; to understand how those rules work is to open communication channels that allow professionals to guide individuals to find their own solutions to existing problems and encourage co-responsibility.

It is important to recognize cultural differences so that the health professional can work in partnership with the community: "*[...] the education level is a problem; it is very low. The population we treat needs education*" (P12).

The education level of the study population allowed the researchers to recognize socio-cultural inequalities. Strategies aimed at improving their living conditions depend on the link between professional and user.

Social interaction modifies the individuals' behaviour and as a result contact and communication are established. Welcoming intends to rescue humanization of care and commitment to the users' needs, that is, the defence of individual and collective life.[7]

Welcoming changes work processes and encourages professionals to act according to comprehensive care principles and to consider individuals as unique and with distinct characteristics that may interfere with their health condition. The professional should act according to client demands, be tolerant towards cultural differences, being social inclusion and qualified hearing important qualities.[15,16]

Welcoming services performed by the ESF team allows creating bonds through proper communication channels, pro-

moting behavioural changes. The service provided can promote users' satisfaction or not according to their needs.[8] In order to really answer to such needs, the professional should consider that demands are subjective and that understanding them can improve problem-solving rates.[23]

Trust in the professional-user relationship is fundamental: respect, attention and friendliness favours the credibility and the link, improves adherence to healthy behaviours and treatments and strengthens tolerance to cultural differences.[2] In addition, the basic needs of the population in relation to health care are linked to social production and reproduction, as well as access to health actions and the professional-user link is related to autonomy and self-care.[3]

The link between professional-user depends on a welcoming attitude, which gives the user security and enables long-term relationships, promoting longitudinal and comprehensive practices.[23]

In general, health professionals' attitudes enable comprehensive care, for example, through active listening and welcoming which supports users' access to care and the resolution of problems that go beyond disease diagnosis and treatment.

Finally, one of the difficulties identified for the improvement of health actions is the need for educational actions[18] and guidance on healthy habits and self-care. Contact of the health team with the individuals and the community can facilitate the process of learning, experience sharing and building differentiated care.

FINAL CONSIDERATIONS

Welcoming is a team organization strategy that ensures users' access to health care services and focuses on integrated care. To strengthen the link between professionals and users contributes to a multidisciplinary work that will therefore require changes in work relations and its social network.

It is important to discuss welcoming and its objectives – reception, qualified listening and the orientation of actions – so it goes beyond triage or risk rating. Changes in the health care model – from a disease-centred attitude to one based on integrated and continuity of care – depends on system organization and health professionals' commitment to patient care.

Health care professionals still think of welcoming as triage and a risk rating. However the service should focus on active listening and problem-solving skills, considering the individual as a whole being and based on the universal right to health services.

Care flow depends on users' spontaneous demand, which is distributed according to risk rating. Thus, welcoming is characterized as a tool for accessing health services and not as aiming to provide integral and humanized care because in this context it is reduced to classification of clinical cases and organizational problems.

Comprehensive care is not limited to the establishment of a professional-user link and to an effective welcoming service in the city, but these can be initiatives to change the system through a differentiated, welcoming and integrated health care service.

Welcoming should not be reduced to the link between health professional-patient and the accessibility of users to health services, since it can happen without the link being built and the access granted. However, the researchers observed that when there is a qualified welcoming, link and access are reflected on positive results. Health professionals should prioritize teamwork with common goals and identify obstacles that interfere with a comprehensive health care strategy.

Welcoming should be studied from the perspective of health professionals, managers and users so that the effectiveness of risk rating and the impact of the professional-user link are fully comprehended. One of the limits of this study may be the fact that only the health professionals' perspective is shown. Therefore, this study results should prompt further investigations focusing on the perspective of different subjects.

Even if these results relate to a specific municipality, we can assume that that context is common to many others, including the settings that were part of the larger study. It is necessary to rethink health professional practice and the users' attitude towards the relationships established in the units, so that care reflects improvements in services.

In general, it is expected that professionals, managers and population are able to discuss and implement welcoming and comprehensive care in municipalities with a similar context, aiming at an easier access, organization, humanization and integral care. The goal would be to reduce errors in the ESF and the local management so changes may occur, thus providing better quality of life for local population.

REFERENCES

1. Faria RSR. Acesso no contexto da ESF em um município do Vale Jequitinhonha – MG [dissertação]. Belo Horizonte: Universidade Federal de Minas Gerais, Escola de Enfermagem; 2014. 128f.
2. Schimith MD, Simon BS, Brêtas ACP, Budó MLD. Relações entre profissionais de saúde e usuários durante as práticas em saúde. Trab Educ Saúde. 2011; 9(3):479-503.
3. Moraes PA, Bertolozzi MR, Hino P. Percepções sobre necessidades de saúde na Atenção Básica segundo usuários de um serviço de saúde. Rev Esc Enferm USP. 2011; 45(1):19-25.
4. Brasil. Ministério da Saúde. Secretaria-Executiva Núcleo Técnico da Política Nacional de Humanização. Política Nacional de Humanização. Brasília: Ministério da Saúde; 2009.
5. Viegas SMF, Penna CMM. O vínculo como diretriz para a construção da integralidade na Estratégia Saúde da Família. Rev Rede Enferm Nordeste. 2012; 13(2):375-85.
6. Viegas SMF, Penna CMM. A construção da integralidade no trabalho cotidiano da equipe de saúde da família. Esc Anna Nery Rev Enferm. 2013; 17(1):133-41.

7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: documento base para gestores e trabalhadores do SUS. 3ª ed. Brasília: Editora do Ministério da Saúde; 2006.
8. Corrêa AACP, Ferreira F, Cruz GSP, Pedrosa ICF. Acesso a serviços de saúde: olhar de usuários de uma unidade de saúde da família. Rev Gaúcha Enferm. 2011; 32(3):451-7.
9. Yin RK. Estudo de caso: planejamento e método. 4th ed. Porto Alegre: Kookman; 2010.
10. Bardin L. Análise de conteúdo. Rio de Janeiro: Edições 70; 2011. 229 p.
11. Oliveira KKD, Amorim KKP, Fernandes APN, Monteiro AI. Impacto da implementação do acolhimento com classificação de risco para o trabalho dos profissionais de uma unidade de pronto atendimento. REME - Rev Min Enferm. 2013; 17(1):148-56.
12. Sousa, RS, Bastos MAR. Acolhimento com classificação de risco: o processo vivenciado por profissional enfermeiro. REME - Rev Min Enferm. 2008; 12(4):581-6.
13. Brasil. Constituição, 1988. Constituição da República Federativa do Brasil. Título VIII, Capítulo II, Seção II, Artigos 196-200. Brasília: Senado Federal; 1988.
14. Freire LAM, Storino LP, Horta NC, Magalhães RP, Lima T. O acolhimento sob a ótica de profissionais da equipe de saúde da família. REME - Rev Min Enferm. 2008; 12(2):271-7.
15. Santos DLC, Superti L, Macedo MS. Acolhimento: qualidade de vida em saúde pública. Bol Saúde. 2002; 16(2):30-51.
16. Falk MLR, Falk JW, Oliveira FA, Motta MS. Acolhimento como dispositivo de humanização: percepção do usuário e do trabalhador em saúde. Rev APS. 2010; 13(1):4-9.
17. Scholze AS, Júnior CFD, Silva YF. Trabalho em saúde e a implantação do acolhimento na atenção primária à saúde: afeto, empatia ou alteridade? Interface Comunic Saúde Educ. 2009; 13(31):303-14.
18. Silva PM, Morais KP, Torres HC. Acolhimento com classificação de risco na Atenção Primária: percepção dos profissionais de enfermagem. REME - Rev Min Enferm. 2012; 16(2):225-31.
19. Brehmer LCF, Verdi M. Acolhimento na atenção básica: reflexões éticas sobre a atenção à saúde dos usuários. Ciênc Saúde Coletiva. 2010; 15(3):3569-78.
20. Santos TVC, Penna CMM. Demandas cotidianas na atenção primária: o olhar de profissionais da saúde e usuários. Texto Contexto Enferm. 2013; 22(1):149-56.
21. Alves e Silva ACM, Villar MAM, Cardoso MHCA, Wuillaume SM. A Estratégia Saúde da Família: motivação, preparo e trabalho segundo médicos que atuam em três distritos do município de Duque de Caxias, Rio de Janeiro, Brasil. Saúde Soc. 2010; 19(1):159-69.
22. Carvalho CAP, Marsicano JA, Carvalho FS, Sales-Peres A, Bastos JRM, Sales-Peres SHC. Acolhimento aos usuários: uma revisão sistemática do atendimento no Sistema Único de Saúde. Arq Ciênc Saúde. 2008; 15(2):93-5.
23. Queiróz ES, Penna CMM. Conceitos e práticas de integralidade no município de Catas Altas-MG. REME - Rev Min Enferm. 2011; 15(1):62-9.