

User satisfaction with reception and the classification of risk in public health units

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ABSTRACT

The aim of this paper was to evaluate the satisfaction of users of municipal health units who underwent Reception with Risk Assessment and Classification (“AACR”). Cross-sectional, quantitative, descriptive study conducted in four services with AACR provided by nurses, in a capital city of Central-Western Brazil. Data were collected in 2017 with 101 users, using a form with 44 objective questions about five dimensions: health team, time, facility structure, comfort, and overall assistance. Most of the users were women (54.5%) from 18 to 39 years of age (65.3%), with 10 to 12 years of schooling (58.4%). Over 2/3 were satisfied with the assessed dimensions, but some were indifferent and unsatisfied with all the dimensions. Despite the predominance of satisfied users, it is necessary to rethink the organization and operation of these services and maintain or improve the quality of the positively assessed items and correct the items the users did not consider satisfactory, thus ensuring service excellence.

Descriptors: Consumer Behavior; Emergency Medical Services; User Embrace; Emergency Nursing.

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INTRODUCTION

The Brazilian health system is divided into low (primary care), medium (secondary care) and high (tertiary care) technology levels to ensure the comprehensiveness of care. Users initially access the system in primary care, structured as the first level of assistance to meet the care needs of the entire population⁽¹⁾. However, due to the lack of agility and low resolution rate of the primary care services, the low-income population prefers the emergency services (“SUE”) as an alternative to ensure their health care needs are met in less time⁽²⁻³⁾.

The result is overcrowding, considering these units are being used to access the Unified Health Service (“SUS”). Moreover, the SUE is faced with the challenge of offering quality care and ensuring assistance in order of priority rather than by order of arrival, without clinical criteria⁽⁴⁾.

The Embrace with Risk Assessment and Classification (“AACR”), proposed by the National Policy of Humanization (“PNH”), emerged as a strategy to improve the assistance and access of SUE users. The aim of the embracement service, also called embracement, is to guarantee user inclusion and establish a relationship with the people who seek low, medium and high technology care. The assessment with risk classification (“ACR”) aims to identify priorities and assess the risk of each user, according to a previously established protocol performed by a nurse⁽⁵⁾.

Combined, Embracement and ACR can improve assistance and reduce users’ waiting time. They are intended to reorganize the SUE, innovating its management and care practices to overcome the challenges of user services. The most noteworthy challenges are overcrowding, the dehumanization of care and the new order of service according to the risk presented by patients⁽⁶⁾.

The AACR is still in the implementation stage and, despite achievements and advancements achieved so far, it requires ongoing assessments to identify and correct flaws and to improve the quality of the services provided. Whereas political and organizational changes are generally proposed to improve services, it is essential to know the opinion of users on the quality of the assistance they receive. The observance of user expectations and needs and their satisfaction with the assistance guides health planning and it is indispensable to rethink the care and management practices of these services⁽⁷⁻⁸⁾. Furthermore, user satisfaction studies serve as a tool to ensure the participation of the community that uses the service⁽⁹⁾.

Routine assessments on health services help strengthen the SUS and the assumption of users as the key objects of the work of professionals⁽¹⁰⁾. Moreover, evaluations of health policies, programs and services can help redirect the planning of actions and strategies used to ensure the success of the assistance provided. In addition to the quantitative aspects, service quality assessments must also consider the quality of user attendance and satisfaction with the care received⁽¹¹⁾. When planning strategies for improving the quality of care, health service administrators who seek excellence should consider user perception of the services they provide⁽¹²⁻¹⁵⁾. To ensure social participation in the public health system, users must be viewed as individuals who can evaluate and propose changes that improve the system.

However, satisfying the users of a service requires knowledge of their real needs, which can only be achieved by analyzing the information obtained directly from them. User satisfaction assessments are valuable for planning actions that solve everyday problems and improve the quality of assistance⁽¹²⁾. The aim of this study

was to assess the satisfaction of users with the AACR of municipal health units in a capital city of the Central-West region of Brazil.

MATERIAL AND METHODS

This is a descriptive cross-sectional study with a quantitative approach conducted in four SUE maintained by the local government of a Midwestern capital city of Brazil, with an AACR service provided by nurses. These units offer low and medium technology services to patients of the entire city, with diagnostic tests, emergency services, and substitutive renal therapy offered at one of the units.

The project was approved by the research ethics committee of the Hospital das Clínicas, Federal University of Goiás in the city of Goiânia - GO (opinions 542.658 and 1.398.916), in compliance with Brazilian regulations for research with human beings.

The population was composed of users of the cited SUE, selected by means of convenience sampling, totaling 101 users. The individuals included in the study were 18 or over, they had undergone AACR that day, and they were waiting for medical attention. Individuals exhibiting some degree of suffering (psychological/emotional or physical) or cognitive difficulties according to the medical records were excluded. The involvement of users was voluntary and subject to the signing of an informed consent statement.

Data were collected by a researcher from January to June 2017 in the units where the participants had been attended, using a form based on an instrument of the Ministry of Health to evaluate health services⁽¹⁶⁾, available literature, and the objectives of this study. Data were collected during the opening hours of the AACR at the units and after the users were seen by the nurse. Data collection took from 10 to 15 minutes per respondent.

The form contained 44 closed-ended questions, each with five Likert-type scale options ("very dissatisfied" to "very satisfied"). In addition to gender, age, and education level, the instrument included the satisfaction assessment divided into five dimensions: health team, time, facility structure, comfort, and overall assessment.

The results of the descriptive statistics analysis (absolute and relative frequencies) are presented in tables, with a description of the items of each dimension. The association between age, sex and educational level and satisfaction in the five dimensions was tested using the chi-squared or Fisher's exact test, where indicated. Associations with a value of $p < 0.05$ were considered significant.

RESULTS

The results show a similarity between the number of participants in three of the four investigated services (between 30.7% and 37.6%). Of the 101 users included in the study, more than half were women (55; 54.5%), aged 30 or more (61; 60.4%) with 10 or more years of schooling (77; 76.2%), corresponding to high school and higher education (Table 1).

In general, more than 2/3 of the participants reported being "satisfied" and "very satisfied" in all the assessed dimensions, and the dimension Health team had the highest numbers of dissatisfied/indifferent users (30.7%) (Table 2).

Table 1: Distribution of users according to the investigated unit, age group, sex, and education. Goiânia, GO, Brazil, 2017.

Variables (n = 101)	Categories	f	%
Investigated unit	A	31	30.7
	B	8	7.9
	C	24	23.8
	D	38	37.6
Age group in years	18-29	40	39.6
	30 or more	61	60.4
Sex	female	55	54.5
	male	46	45.5
Education	up to 9 years	24	23.8
	10 years and more	77	76.2

Table 2: User satisfaction with the dimensions of the Embrace and Evaluation with Risk Classification at the municipal SUE. Goiânia, GO, Brazil, 2017.

Dimension	Very dissatisfied	Dissatisfied	Indifferent	Satisfied	Very satisfied
	(f) (%)	(f) (%)	(f) (%)	(f) (%)	(f) (%)
Health team	1 (1.0)	3 (3.0)	27 (26.7)	59 (58.4)	11 (10.9)
Time	0 (0.0)	5 (5.0)	13 (12.9)	67 (66.3)	16 (15.8)
Facility structure	1 (1.0)	1 (1.0)	25 (24.8)	60 (59.4)	14 (13.9)
Comfort	0 (0.0)	2 (2.0)	20 (19.8)	74 (73.3)	5 (5.0)
Overall assessment	1 (1.0)	4 (4.0)	25 (24.8)	59 (58.4)	12 (11.9)

The best-assessed items for the assistance provided by the health team were associated with patient satisfaction with the number of nursing professionals (47.8%), confidence in the professional to talk about the health problem (46.6%), and care and thoroughness of the nursing professional during tests (46.5%).

In this same dimension, some users were dissatisfied with the following items: courtesy of the reception staff (15.8%), availability of the health workers to provide guidelines (17.8%), information on the waiting time for assistance (20.8%), courtesy of the AACR service staff (15.8%), availability of the nursing staff to assist the user (12.9%), worker's interest in your health problem(s) (12.9%), patience of the nursing staff to listen to your health problems (13.9%), care and thoroughness of the nursing professional during examination (9.9%), confidence in the nursing professional to tell them your health problems (13.9%), confidence in the nursing professional who conducted the risk assessment and classification (12.9%), and in the classification attributed by the nurse in the risk assessment (9.9%). The waiting time for attendance by the unit receptionist and of the risk classification nurse was considered unsatisfactory by 11.9% of respondents.

In the dimension facility structure, although most users (73.3%) expressed their satisfaction, some users were unhappy with a range of items, namely conservation of the building (8.9%), adequacy of the unit's facilities (9.9%), visibility and clarity of the information on the available services (10.9%), signaling and ability to easily find the right location (5.9%), and capacity to easily move around inside the unit (8.9%).

As for the dimension Comfort, some users were dissatisfied with the washrooms (11.9%), their cleaning and maintenance (13.9%), availability of soap and water (18.8%) and paper towels (24.8%), availability of drinking water (14.9%), comfort of waiting room chairs (15.8%), waiting room cleanliness (9.9%) and ventilation (14.9%), and cleanliness (11.9%) and ventilation (17.8%) of the risk assessment and classification area.

None of the units had a gurney for patient examination in the risk classification room and they were examined while sitting on a chair. Regardless, some users were satisfied with the gurney(s) with padding for patient examination (29.7%), disposable paper used to cover the gurney (26.7%), and cleanliness of the gurney and padding (24.8%).

In the overall assessment of the service and assistance, the users were dissatisfied with the services provided at the unit (13.9%), organization and functioning of the unit (8.9%), overall assistance (10.9%) at reception (11.9%) and in risk classification (10.9%). The number of users who were “very satisfied” and “dissatisfied” (16.8%) with the risk classification system for assistance at the SUE should be highlighted. Some participants were also dissatisfied with the overall assistance in the AACR (10.9%) and with the service in general (14.9%), from reception to assistance by the nurse.

Among the investigated sociodemographic variables, only age was statistically associated with the dimensions facility structure ($p=0.031$) and Comfort ($p=0.020$).

DISCUSSION

The AACR is a service strategy proposed to promote equity, support the managers, workers and users of health services, and streamline emergency care by preventing overcrowding and ensuring priority for the most serious or at-risk cases. Consequently, it is crucial for planning and executing actions that influence resolute and good quality user assistance. However, the scenario at the SUE reveals the unpreparedness of the health teams to deal with some situations, difficulties in the flow of assistance, inadequate facility structure, and shortage of material resources that may affect the levels of satisfaction of service users.

In this scenario, assessing user satisfaction provides important parameters for (re)organizing these services. This study evaluated the dimensions managed by health administrators and nurses, namely the health team, facility structure, comfort and functioning of the service. Given the difficulties in gaining access to patients after medical assistance, this dimension was not evaluated.

The predominant age groups and genders coincide with the recognized majority in the search for medical assistance. However, years of schooling, which in this study was mostly 10 years or more, is higher than the results found in other studies⁽⁹⁻¹⁰⁾.

Despite the evidently greater number of users who were satisfied with all the assessed dimensions, many users were indifferent and dissatisfied with all of them. These results carry weight for the positive reinforcement of aspects that are already effective and for the need to focus on the issues that need improvement in order to get closer to the ideal user satisfaction.

In spite of the high percentage of satisfied users in all the evaluated dimensions and considering satisfaction is a dynamic process that can be influenced by age, expectations, background, values, physical condition, schooling and others⁽¹⁷⁾, improvements are needed to ensure the satisfaction of all users. Moreover, high satisfaction levels can be related to lower user expectations⁽⁹⁾, very frequently found in most SUS users since they tend to show some unawareness regarding their rights to healthcare⁽¹⁸⁾. Low expectations are easier to fulfil and they are not necessarily linked to the quality of a service; therefore, in this situation, the high degree of user satisfaction is negligible⁽⁹⁾.

A high level of user satisfaction has been associated with low schooling in other studies⁽¹⁹⁻²⁰⁾, suggesting education can affect the user's capacity to criticize services and, consequently, make them more demanding in terms of service quality. The lower the educational level, the greater the condescension of users with the quality of the health services and the greater their satisfaction with them⁽⁹⁾. The same can be said of age, which tends to have a proportionally inverse relationship with service satisfaction; that is, the younger the user, the lower the condescension and the greater the dissatisfaction⁽¹⁰⁾.

With regard to the health team, almost half the users were satisfied with the number of nursing professionals, with their confidence talking to these nurses about their health problems, and with the nurse's care during examination. It may seem like a good percentage, but it is worrying when we consider the last two items. The expected result is that all users trust the work of these professionals. Therefore, the nursing staff must pay attention to their relationship with users and the way they perform their tasks in order to detect weak points and find new strategies that improve user confidence in their performance.

Although the work of health professionals is often the best-rated item in many studies^(9-10,21), investments are still needed to qualify these workers and improve their performance, since the service quality assessment is directly affected by the way care is provided and received⁽²¹⁾. The ability of professionals to be receptive to users, provide the necessary guidelines, answer questions, and awaken trust is a determinant of service quality and deserves special attention.

Accordingly, the results of this study indicate the need for training and updating of the professional who work at these services. Training and updating will enable them to reflect on the importance of being kind to users, remaining available to provide information, showing interest in their health problems and patience while listening, and being careful when examining them and competent to do the work. Therefore, they will be addressing the issues that had the highest rate of dissatisfied users and the items associated with the satisfaction of most users⁽¹⁰⁾.

In emergencies, nursing actions must be based on efficiency and efficacy without devaluing the subjectivity of human beings. It is necessary to reflect on the broad meaning of receptivity and the professional practice in care setting so users can feel genuinely assisted. This process can enable bonding between health workers and users and promote their proximity, especially when workers are capable of listening and understanding the health needs of individuals⁽⁶⁾.

The quality of the health worker-user relationship is revealed in the humanization of care actions. In emergency services, nurses must base their conduct and actions on the humanization of care so they can be supportive and perceptive of the suffering of others and value the importance of providing receptive assistance prior to risk classification⁽¹⁹⁻²²⁾. This process improves the quality of assistance and contributes to user satisfaction.

The waiting time for assistance is an important determinant of user satisfaction and, thus, dissatisfaction with the waiting time at the reception and for risk classification is common^(10,23). The high demand at the SUE, caused by the need to solve rapidly health problems that could be handled in other points of the healthcare network, overburdens the system and compromises the quality of assistance and the immediate resolution of health problems⁽¹⁶⁾. Moreover, the historic shortage of material resources and workers in most public health services creates the perfect scenario for the dissatisfaction of users with the time spent on assistance.

In the facility structure of the SUE, the dissatisfaction of users is related to the conservation of the building and the appropriateness of the infrastructure, as well as with other aspects that restrict free movement, such as visibility and clarity of the information about the offered services, signaling on the location of services and ease of movement in the unit. Although some items that cause dissatisfaction are more difficult to solve, as they would require investments on facility renovation or adaptation, other items are of easier intervention, as in the case of providing clear information and signaling inside the unit.

The Ministry of Health acknowledges the large number of health units with an inadequate and often improvised physical structure, impairing the quality of services⁽⁶⁾. Consequently, user satisfaction with the conditions offered at the services tends to be low⁽¹⁰⁾. The implementation of the AACR to improve assistance and increase the functionality and safety of users must observe modifications to the facility structure, such as a sufficient number of rooms and appropriate signaling. The inclusion of rooms outside the unit for nursing consultations, checking vital signs and to serve as waiting rooms for users with green or blue risk classification is also recommended⁽²⁴⁾.

In this study, the inadequacy of the facility structure caused the dissatisfaction of many participants. User dissatisfaction was mostly related to structural items, such as washrooms for users, and to items that depend on management or rely on financial resources, such as the availability of water, soap, and paper towels in the washrooms, drinking water, number and comfort of chairs, and cleanliness and ventilation in the reception area and risk classification room. The amount and comfort of chairs, as well as the cleanliness and temperature of the unit also caused the dissatisfaction of users in a study in Pernambuco⁽¹⁰⁾. A significant association was found between being 30 or more years of age and satisfaction with the facility structure and comfort, suggesting younger individuals are more demanding with respect to these items^(10,25).

With regard to the overall service, the users were dissatisfied with the services offered and the unit's organization and operation, but the most noteworthy point is their dissatisfaction with the assistance in general, at reception and in risk classification. These items do not depend on financial investments, but rather on the sole change in attitude of the health workers who provide the services. The necessary changes should begin with the reorganization of work and the adaptation of internal flows⁽⁹⁾, without overlooking the need to foster reflection of these workers on their praxis and the importance of users and user satisfaction for service quality, thus ensuring adequate embracement and assistance at the unit.

The limitation of this study is related to the absence of participants with yellow and red risk classifications due to the degree of suffering of these users and difficulties in locating them after they received medical assistance. This absence may have produced a bias in the results, especially in those related to satisfaction with the risk classification system for emergency assistance. Despite limitations, the results provide important information on the opinion of users of the SUE and they should be considered in the evaluation of these services to improve the quality of care offered to the community.

CONCLUSION

The results show most users were satisfied with all the evaluated dimensions, namely, health team, time, facility structure, comfort, and overall assistance at the investigated SUE. Among the results, trust in the health

worker to talk about their problems and worker's competence to provide assistance. Even the dimensions most users rated as satisfactory should be reviewed in order to maintain or improve their quality and modify any faults to satisfy previously dissatisfied users.

However, some items in each assessed dimension were rated as unsatisfactory by some users, indicating the units still need to improve their organization and operation to achieve the desired quality. Many aspects are easily modifiable and almost exclusively depend on a change of attitude of the professionals. Consequently, these aspects should be observed for the receptive assistance process to be fully implemented. The dimension Health team includes politeness, willingness to provide information/guidelines, interest in the user's health problems and patience to listen to users carefully. In the other dimensions, solving many of the problems the users considered unsatisfactory essentially depends on financial resources and management, especially in relation to structure and adequacy of the physical space, furniture, materials and equipment, and cleanliness and ventilation of the unit.

The use of regular patient satisfaction assessments for planning and reorganization is one path to ensure health services and professionals approach the ideal of humanized healthcare. Therefore, these assessments should be incorporated in the work philosophy of health managers and administrators to promote the transformation of professional practices where respect and the receptive assistance of users prevail.

REFERENCES

1. Ministério da Saúde. Portaria nº 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de Atenção à Saúde no âmbito do Sistema Único de saúde (SUS). Brasília: Ministério da Saúde; 2010 [cited 2017 June 18]. Available from: http://conselho.saude.gov.br/ultimas_noticias/2011/img/07_jan_portaria4279_301210.pdf.
2. Azevedo ALM, Costa AM. A estreita porta de entrada do Sistema Unico de Saude (SUS): uma avaliacao do acesso na Estrategia de Saude da Familia. Interface (Botucatu) [Internet]. 2010 [cited 2017 Aug. 16]; 14(35):797-810. Available from: <http://www.scielo.br/pdf/icse/v14n35/3010.pdf>.
3. Feijó VBER, Cordoni Junior L, Souza RKT, Dias AO. Análise da demanda atendida em unidade de urgência com classificação de risco. Saúde Debate [Internet]. 2015 [cited 2017 June 15]; 39(106):627-36. Available from: <http://www.scielo.br/pdf/sdeb/v39n106/0103-1104-sdeb-39-106-00627.pdf>.
4. Oliveira GN, Vancini-Campanharo CR, Okuno MFP, Batista REA. Acolhimento com avaliação e classificação de risco: concordância entre os enfermeiros e o protocolo institucional. Rev Latino-Am Enfermagem [Internet]. 2013 [cited 2017 Aug. 2]; 21(2). Available from: http://www.scielo.br/pdf/rlae/v21n2/pt_0104-1169-rlae-21-02-0500.pdf.
5. Rates HF, Alves M, Cavalcante RB. Acolhimento com classificação de risco: que lugar é esse? Enferm Foco [Internet]. 2016 [cited 2017 May 22]; 7(2):52-6. Available from: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/download/795/320>.
6. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização da Atenção e Gestão do SUS. Acolhimento e classificação de risco nos serviços de urgência. Brasília: Ministério da Saúde; 2009 [cited 2017 Aug. 13]. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/acolhimento_classificacao_risco_servico_urgencia.pdf.
7. Fréz AR, Nobre MIRS. Satisfação dos usuários dos serviços ambulatoriais de fisioterapia da rede pública. Fisioter Mov [Internet]. 2011 [cited 2017 July 17]; 24(3):419-28. Available from: <http://www.scielo.br/pdf/fm/v24n3/06>.
8. Pinto SAG, Silva EMVB. Qualidade e satisfação com o serviço de urgência pediátrica: a perspectiva dos acompanhantes das crianças. Rev Enf Ref [Internet]. 2013 [cited 2017 Sep. 10]; serIII(9):95-103. Available from: <http://www.scielo.mec.pt/pdf/ref/vserIIIIn9/serIIIIn9a10.pdf>.
9. Brandão ALRBS, Giovannella L, Campos CEA. Avaliação da atenção básica pela perspectiva dos usuários: adaptação do instrumento EUROPEP para grandes centros urbanos brasileiros. Ciência & Saúde Coletiva [Internet]. 2013 [cited 2017 Sep. 10];18(1):103-14. Available from: <http://www.scielo.br/pdf/csc/v18n1/12.pdf>.
10. Santiago RF, Mendes ACG, Miranda GMD, Duarte PO, Furtado BMASM, Souza WV. Qualidade do atendimento nas Unidades de Saúde da Família no município de Recife: a percepção do usuário. Ciência & Saúde Coletiva [Internet]. 2013 [cited 2017 Aug. 3]; 18(1):35-44. Available from: <http://www.scielo.br/pdf/csc/v18n1/05.pdf>.

11. Corrêa ÁCP, Ferreira F, Cruz GSP, Pedrosa ICF. Acesso a serviços de saúde: olhar de usuários de uma unidade de saúde da família. *Rev Gaúcha Enferm* [Internet]. 2011 [cited 2017 June 3]; 32(3):451-7. Available from: <http://www.scielo.br/pdf/rgefn/v32n3/03.pdf>.
12. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman Mes J*. 2014 [cited 2018 June 12]; 29(1):3-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/pdf/OMJ-D-13-00247.pdf>.
13. Ahmed F, Burt J, Roland M. Measuring patient experience: concepts and methods. *Patient*. 2014 [cited 2018 June 12];7:235-41. Available from: <https://link.springer.com/content/pdf/10.1007%2Fs40271-014-0060-5.pdf>.
14. Price R, Elliott M, Zaslavsky A, Hays R, Lehrman W, Rybowski L, et al. Examining the role of patient experience surveys in measuring healthcare quality. *Med. Care Res. Rev.* 2014 [cited 2018 June 12];71:522–554. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4349195/pdf/nihms654075.pdf>.
15. Brandão GL, Campos CEA. Avaliação da atenção básica pela perspectiva dos usuários: adaptação do instrumento EUROPEP para grandes centros urbanos brasileiros. *Cien Saude Colet*. 2013 [cited 2018 June 12];18(1):103- 114. Available from: <http://www.scielo.br/pdf/csc/v22n6/1413-8123-csc-22-06-1829.pdf>.
16. Ministério da Saúde. Secretaria Executiva. Departamento de Regulação, Avaliação e Controle de Sistemas. PNASS: Programa Nacional de Avaliação de Serviços de Saúde. Brasília: Ministério da Saúde; 2015 [cited 2017 June 29]. Available from: http://bvsm.sau.gov.br/bvs/publicacoes/pnass_programa_nacional_avaliacao_servicos.pdf.
17. Kelarijani SEJ, Jamshidi R, Heidarian AR, Khorshidi M. Evaluation of factors influencing patient satisfaction in social security hospitals in Mazandaran province, North of Iran. *Caspian J Intern Med* [Internet]. 2014 [cited 2017 Aug. 2]; 5(4):232-4. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4247488/pdf/cjim-5-232.pdf>.
18. Silva Junior GB, Dias ER. Avaliação da satisfação dos usuários de um serviço de saúde público-privado no nordeste do Brasil e a judicialização da saúde. *R Dir sanit* [Internet]. 2016 [cited 2018 June 12];17(2):13-29. Available from: <http://www.revistas.usp.br/rdisan/article/download/122303/119041>.
19. Guedes MVC, Henriques ACPT, Lima MMN. Acolhimento em um serviço de emergência: percepção dos usuários. *Rev Bras Enferm* [Internet]. 2013 [cited 2017 July 23]; 66(1):31-7. Available from: http://www.scielo.br/readcube/epdf.php?doi=10.1590/S0034-71672013000100005&pid=S0034-71672013000100005&pdf_path=reben/v66n1/v66n1a05.pdf&lang=pt.
20. Levandovski PF, Lima MADS, Acosta AM. Patient satisfaction with nursing care in an emergency service. *Invest educ enferm* [Internet]. 2015 [cited 2017 June 28]; 33(3):473-81. Available from: <http://www.scielo.org.co/pdf/iee/v33n3/v33n3a11.pdf>.
21. Arakawa AM, Lopes-Herrera SA, Caldana ML, Tomita NE. Percepção dos usuários do sus: expectativa e satisfação do atendimento na Estratégia de Saúde da Família. *Rev CEFAC* [Internet]. 2012 [cited 2017 Oct. 18]; 44(6):1108-14. Available from: <http://www.scielo.br/pdf/rcefac/v14n6/71-11.pdf>.
22. Freitas FFB, Matos GSS, Cavalcante AC, Pinheiro MBGN, Sousa MNA. O papel do enfermeiro no serviço de Acolhimento e Classificação de Risco no setor de urgência e emergência. *Rev Interdisc em Saúde* [Internet]. 2015 [cited 2017 June 28]; 2(3):314-33. Available from: http://interdisciplinaremsaude.com.br/Volume_5/Trabalho_05.pdf.
23. Oliveira JLC, Gatti AP, Barreto MS, Bellucci Júnior JA, Góes HLDF, Matsuda LM. Acolhimento com classificação de risco: percepções de usuários de uma unidade de pronto atendimento. *Texto contexto - enferm* [Internet]. 2017 [cited 2017 Oct. 18]; 26(1):e090014. Available from: http://www.scielo.br/pdf/tce/v26n1/pt_0104-0707-tce-26-01-0960014.pdf.
24. Arain M, Nicholl J, Campbell M. Patients' experience and satisfaction with GP led walk-in centres in the UK; a cross sectional study. *BMC Health Serv Res*. 2013 [cited 2018 June 12]; 13:142. Available from: <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/1472-6963-13-142>.
25. Protasio APL, Gomes LB, Machado LS, Valença AMG. Satisfação do usuário da Atenção Básica em Saúde por regiões do Brasil: 1º ciclo de avaliação externa do PMAQ-AB. *Ciência & Saúde Coletiva* [Internet]. 2017 [cited 2017 Nov. 17]; 22(6):1829-44. Available from: <https://scielosp.org/pdf/csc/2017.v22n6/1829-1844/pt>.