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HEALTH CARE IN THE CONSTITUTION OF HEALTH NEEDS FOR USERS OF THE FAMILY HEALTH STRATEGY[1]

Amanda Rodrigues Garcia Palhoni*
Cláudia Maria de Mattos Penna**

ABSTRACT

This study aimed to address the healthcare, one of the components of health needs, to users of the family health strategy. It is a qualitative research with theoretical in symbolic interactionism and methodology in theory Based on data (TFD). Were interviewed individually, from a screenplay semi-structured, 17 users of a Basic Health Unit of a municipality in Minas Gerais, in the period from February 2016 to May 2017. Data analysis occurred through the encoding process Open, Axial and selective, proposed by TFD. Showed that health care is health needs, being represented mainly by the host, access and obtain responses by users in the services. The demands related to biological issues of the body is what makes users to seek the service, but what they hope is a conscious not only the disease, but warm and zealous. Health professionals need to be aware of the subjective issues, such as the importance of establishing relationships with users to promote a care that meets the health needs of the population.

Keywords: Needs assessment. Health services needs and demand. Primary Health Care.

INTRODUCTION

The importance of primary health care (APS) to the health care system is already recognized, nationally and internationally, and studies show that services tend to provide better results and greater efficiency when driven by an APS precedent[1-3].

The APS building is the basis for the construction of health care Networks (RAS), which aim to face old and new challenges in health and promote the completeness of care. For the Organization of support services in RAS, the professionals must have as North of their actions the needs of the population[1,2].

The Family Health Strategy (FHS), recognized as a priority strategy for expansion and consolidation of the APS in the country, is a place suitable for thedetection of health needs, because he works in the territory where the users reside, seek establish links, provide comprehensive care and continuous and aims of actions promoting health[4].

However, the Unified Health System (SUS) still practice the model of service provision and management, only the deep knowledge of the population it is possible to break away from the management based on supply and establish the management based on the health needs of the population[3].

Research conducted by members of the Center for research on everyday life, culture, education and health (NUPCCES), in the daily life of workers in the APS, mainly of the ESF, in the last ten years, showed matching results: there is a speech of the professionals in recognition of the importance of meeting the needs of the host population and health for the completeness of the care; However, do daily shows that still dominates the supply of actions directed to the disease and to the care of spontaneous demands[5,6].

A study conducted in four Brazilian States: Pernambuco, Rio de Janeiro, Rio Grande do Norte and São Paulo, show that in several health services surveyed, most of them in the APS, are still focused on individual queries; value medical assistance; the queries are fast and the pros are more concerned to offer a prompt response, reducing your reasoning; make decisions focused on pipelines already known and focus in the treatment of diseases; occur very referrals, requests for tests and almost always there is indication of remedies[7].

On the above, it should be noted that Although there are policy proposals and a professional discourse that guides to the integrality of attention to health and practices based on the subject, there is still stock offering focused on the disease and to the medicalization, without considering the daily lives of people and the spaces where they live, which

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*Nurse, Doctorate of the Program of After-Graduation in Nursing of UFMG. Belo Horizonte, Minas Gerais, Brazil. E-mail: amandargpalhoni@yahoo.com.br
**Nurse, Doctor in Nursing. Teacher of the Department of Nursing Maternal-Infantile and Public Health of the School of Nursing of UFMG. Belo Horizonte, Minas Gerais, Brazil. E-mail: cmpenna@enf.ufmg.br

sometimes distance needs. So, **question**: what are the meanings in health needs of users in daily life of the ESF?

Understanding the meanings of health needs, in particular with regard to the design of attention to health, can foster discussions for the construction of scientific knowledge in this field and serve as an instrument for professionals to plan and organize your practices in a more contextualized with reality of individuals.

The scope of the completeness of the care, which constitutes a doctrinal principle of SUS, as well as the effectiveness of the RAS, implies in recognizing the health needs of the population by professionals professional's health[2,8].

It is assumed that for the consolidation of the APS, mainly while RAS and improvement assistance, requires to meet the needs of the people and it is important to understand the meanings assigned to them for users of the ESF. From conceptions of health needs for users of the ESF, established himself as the aim of this study to address the health care as one of the components of health needs.

METHODOLOGY

This is a study with a qualitative approach, social, based methodologically on Theory Based on Data (TFD) and theoretically in Interactionism Symbolic (IS), so that I could understand meanings of health needs ESF user's perspective and build a theorizing about it.

The TFD allows the construction of a theory based on empirical data and your use is appropriatewhen there is a claim to understand reality, attitudes of humans, the meanings assigned to situations, interactions and experiences experienced in the subjective aspects of your daily life[9], being relevant in this study.

The IS was adopted as the theoretical based on the understanding that it is a theoretical perspective that facilitates understanding of how individuals interpret the objects and other people with whom they interact and how this process of interpretation leads the behavior individual[10].

The survey was conducted in a Basic Health Unit (BHU) the ESF to a municipality of the metropolitan region of Minas Gerais, in the period from February 2016 to May 2017.

The inclusion criteria of the participants were: male and female users aged 18 years or more; residents in the area of UBS in which was developed the research, regardless of the time of use; and that at the time of interview, owned health to respond to the data collection instrument.

As a strategy to co-opt the subject was used to random approach of the people who waited for care at the time of conducting the interviews. The interviews were carried out individually on its own UBS, in a room reserved for guaranteeing the privacy of participants, and also at home. They were guided by a Semistructured roadmap, with the following initial questions: what are the health needs for you? What are your needs?

The average duration of the interviews was fifteen minutes and the interviews were recorded and transcribed in its entirety, being analyzed by following the three steps proposed in the TFD[11]: open encoding, with systematic reading the interviews and establishment of initial categories, axial coding, in which sought to relate categories to subcategories looking to generate more accurate and complete explanations about the phenomena and, finally, the selective encoding, which carried out the process of refinement and integration of theory.

The review resulted four concepts: conceptions of health Demands in health, health care and Health Services Organization. However, in this study, will be presented only the data related to the health care category. An important source for naming the data or categories on TFD and employed in this study, are the "in vivocodes" which uses the same words of informants, to name them.

> After data collection, in order to differentiate and characterize the subjects of research and preserve your identity, the interviews were listed with the initial "E" of respondent (a) plus a number indicating the order in which they were included in the study (E01 to E17), besides the letters M and F to indicate the female or male and another number to indicate the age in years (E01, F, 33 years).

Were considered all ethical precepts that involve research with humans according to Resolution No. 466, from 2012, the National Health Council. The project was approved by the Committee of ethics in research with Human Beings at the Federal University of Minas Gerais, CAAE-41899115.0.0000.5149. Before the interview, the information relevant to the study were contained by the researcher, with signature of informed consent (TCLE).

RESULTS AND DISCUSSION

Seventeen users were interviewed (12 women and 05 men), aged 21 to 67 years. Most of the participants were female, married, with children and schooling to complete high school.

The results of this research are one of the concepts that compose a theorizing about health needs, which shows that the health needs are basedare based on concepts of health, which allies the demands that lead users to the services, indicate the expected health care. This is what needs to be satisfied in the meeting with the professional to meet the health needs and outlines ways to approach users, professional skills and aspects to be considered in the care.

For better identification in the presentation of the results, the category will be displayed in bold, the properties that compose it will be underlined and the ‘‘in vivo codes"in italics.

The data showed that the leading users to health services, are generally health demands for biological body issues and for care, but what they want is to get a **Attention to Health** that goes beyond the treatment of disease.

The fact that the users seek initially to service issues biological services, from the perspective interactionist, can be explained by the experiences of people, because the meanings assigned to a given phenomenon constitute a social product. Can be understood by following the premise established by Blumer that action is driven through the relationship with the world, which constitutes the very social interaction and that drives and is driven by interpretive Dynamics[12].

The **Attention to Health** is named in this study because it is what is expected at the meeting with the professional health services. The data show that it requires the host, which in your time, can be represented by code in vivo "*Be Received*" that relates to how to approach and treatment by professionals:

> These are all professionals who for more difficulty we can face that are, as they say, empowered and ready to take the time you need (E01, F, 33 years).

> This doctor that I'mtelling you should be a good Pro because saw a lot with us and she had such an affinity with us, I any other person, the person came out of there good (E16, M, 67 years).

The professional seems to be the one who welcomes, cares and demonstrates that great affection, meaning for individuals, being able to generate positive repercussions and therapies for your health. Note that the meanings attributed to health needs have to do with the experiences of people in the service, in how they relate to the professionals.

Users were quite emphatic that want that kind of attention as something inherent in the careful, your time is your needs. There is a search for a professional practice more humane and welcoming, where to look, touch, the dialogue, the look and sensibility is present in relationships[13].

Although many users seek the service of the ESF usually interested in medical consultations, specialists and prescription drugs, they also expect a forward-looking assistance subjectivity, related to social issues and requiring care that is not only geared to the disease[5].

You have to pay attention to the quality of interpersonal relationships with users, more subjective issues of each individual search for the service. However, the practice of some professionals still seems to be on "against" those needs linked to relational dimension, when look rests only for the disease.

In a study on the perspective of health professionals in relation to access in the APS, it was seen that there is an affinity between these professionals with the work performed, however little sensitivity in everyday movements regarding the actual needs of the community and identifying their real problems for a collective construction to improve access and which turn into effectiveness of well-beingfor the population[14].

This sensitivity of the professional, look capable of going beyond the disease is what makes more sense to users. However, they are not always received in the way expected, especially in relation to medical care:

> The best possible way, huh?So, with education, harder to work because it has too many doctors, seems so don't be willing to work, meets people serve, you know? Poorly. I think it gives the best possible way, eh, I mean, I think everybody having a Covenant, the same as I have of the U.S. (name of health plan), should meet best. Not all, huh? But many happen that, does not meet the way we expect. (E04, F, 28 years).

> Attentive, right, because it has a professional, doctors, that when you're explaining what you have, he doesn't even look at you and when you finish talking about everything you feel, he delivers a recipe at hand and doesn't want to know, didn't find out anything Did you understand? [...]asked what I wasdoing that could be ccausing it, Oh, suddenly you can bedoing something that can stayharming you, what is? Does not seek to

> know what you do, then at least totry to ask, right? (E13, M, 46 years).

The good professional for the user, it will make him leave satisfied of the query is one that look in the eye, who is interested, which is warm and you touching. Is very clear that it is not enough to just know and do technical, because the user expects an individual attention and zealous, often stumbles upon a medical professional cold, which turns only to treat the physical problems of health and this generates a mismatch between needs who searches for the service and what it offers.

Study on users on APS in a city in the northeast of Brazil has shown that the way to treat by revealed as key issue to the judgment of the quality of ESF,surpassing even the quality technical technique[13]. Health care begins on the date of subjectivities and, when guided only in disease, does not contribute to the development of health care and even values the individuality of each[15].

Attention professional and sensitive look of these were important, not only in the services offered inside the UBS, as well as linked to the work done by the Community Health Agent (ACS) at home:

> So, she goes to know as we are, if 're in need of something. Even apart from that she passes, to give a good morningforus, you know? (E06, F, 64 years).

> Oh good, often people to have a conversation, right? Any questions, take questions. There is very good for this (E11, F, 36 years).

There was recognition of the importance of the role of the ACS translated by attitudes, which although simple in everyday life, how to find out how the other's move to put on a good day and talk, is full of meanings. A feature of the APS different from other levels of attention is the recognition of the context and family dynamics to assess and respond to the health needs of its members and, to this end, the team should have cultural competence and orientation to the community, which are facilitated by the integration of the members of the community, which are the ACS[1].

But wait "*Be Received*" so affectionate, as presented, always "*See*" (in vivocodes), which relates to access to the professional service and the procedures which need:

> Oh, my requirement is that I came, transcribe recipe and I couldn't, right? If I didn't have a prescription and be without the pressure medicine until Monday, I was going to run out of the medication contained until Monday. Cable remedy, right, gramps. I mean, I didn't go through by the doctor to consult in order to pass a remedy for me for the pain. I'm with a lotof headaches, deal so you know, with all of this burning, a lot of headaches, to say, I couldn't get through, fromfrom 6:30 and couldn't get through, you understand? (E06, F, 64 years).

The conceptions of health needs are formed by the experiences of users on the service, whether they are positive or negative. A negative experience, as difficulties in access to medical consultation, brought barrier to meeting a need. Some subjects associate such difficulties to the high volume of service users in relation to the little number of doctors, which also demonstrates a relationship between access to individual and medical consultations, characteristics of a biomedical model.

Study on evaluation of access in a Brazilian metropolis from the perspective of users of ESF showed similar results, in that access is hampered by organizational problems; use of the greeting as a barrier and lack of resources humans[16].

In meeting with health professionals, it is important to establish trust between professionals and users:

> [...] is a place where you have confidence, you are doing, or best, what the Professional is making (E01, F, 33 years).

> So, you answer straight, pay attention, you know, I think I'm like that, you know? Don't get onto us, and meet the right people, that's what I think of this part. You get more confident, he'sworried about us, right? (E07, F, 64 years).

> Go, Oh, it helps us. A he's going to, you're having confidence. It is very interesting, so even if it takes a query two, three months, the more you will see, there you go opening up more with the person, understand. The first query you can never open up completely, and then you're going to be opening up, huh, I think, you know, I don't know if it's not there, but I think so. Why won't you talk like a parrot for a person. Then you will, over time, I think you're getting passes to the person I'd say you afflicts a bit, Yes, I think that's very good, does for me. So, it's very good for the people. He has also trust us more, he can spend more forus, okay? I think that's pretty good, this contact more often is very good (E16, M, 67 years).

The data show that the trust is required to enhance the care and that sometimes it takes more encounters between professionals and users for it to happen. The link is a relationship that is based on trust and suggests the idea of interdependence and terms of

trade, essential for accession and continuity of treatment[17].

These studies acknowledge the importance of the link and listen to professionals established the needs of health[18-20]. The ESF is place conducive to linking and consequently to establish consistent relationships, but the professionals need to be prepared and take the opening to make it happen.

Professionals and users are in constant relationship, building symbols and meanings arising from interactions. The interaction between them, using the assumptions of IS as reflective, promotes new possibilities for interactive care so contextualized with reality[15].

The **Attention to Health** describes also the Professional Skills necessary for assistance, ranging in both technical and human skills. The technical skills would be qualification, experience and professional responsibility, so they account for giving answers to physical disorders, human skills, which were the most significant, require professional skills and openness to the subjective questions of users:

> I think he should talk, sit down, explain, right, the person listening to the patient, and especially pay attention [...] (E02, F, 41 years).

A professional profile capable of meeting the subjective needs, that is open to dialogue, to know, to hear, to guide and to listen.

The **Attention to Health** requires reply to the search, being represented by the code in vivo "Out with the answer".

> For example, I come here and grabthe vaccine and leave here with her, I've been searching the clinician, depends on the need of what I'll do, I get out of here as well with this solution resolved. So, what I've been picking here is resolved. It's always, right? The quality ... I put you here in this post I just got here and being serviced. [...] how do you say goes in and out, so we're going out there with the solution, we're going there with that problem and fix to not be able to back to the House and stay there with a limp of the foot that failed to make the dressing, put it this way, right? (E02, F, 41 years).

> I wish to be answered in my goal that I came right, if I'm sick, I want someone to answer me as what I'm describing forthere right, then I think the goal is this right, we do well, tell you what is going on and come out with the answer (E09, F, 34 years).

So, if you're looking for an attendance resolutive, capable to respond to health needs. However, other statements show that don't always get the answer in the public health system and in a timely manner, especially in relation to specialized queries and certain tests:

> The need that I think so ... that's when we come is on the care until professional himself, sort of like I had people like this if we're going to do anexamination, but it was a quick thing for example, I want to do an exam you get there right? Even if something is very time-consuming sometimes you have to pay the private examination because the service will be long, often goes out and you have no need of it more (54 years, F, E08).

The need for timely care arises on an experience of delay in service which, when it happens, you can make that user seeks other ways to address it, such as resorting to additional health system. Users have demonstrated difficulties in relation to health services, similar to that research on the dissatisfaction with the lack of specialists; access barriers and delay in attendance is in the secondary level of attention or attention itself primary[13].

Another element the **Attention to Health** is the Information, that refers to the user become aware of things relevant to your health. Something particular to the APS emphasized was the importance of the role of the ACS in take home information:

> Oh, how I told you I really like the service here in c. (service name), right? We have health agent, my specific, it gives a nice return, she goes to our House, it passes to us information until through phone (E05, F, 26 years).

To keep informed the user is able to take better care of your health, with more awareness. The ACS, for being in the community, has that facility to take the information in the House of the people answering your needs.

The Locus of this assistance is not restricted only to health services as at UBS, Polyclinic and Hospital, but also at home.

Figure 1 below shows the relationship of the properties presented with the category:

Figure 1. Health care Category with its properties

Source: Research data (2016-2017).

In this way, the **Attention to Health** is defined by users. How to be received, be serviced and leave with the responses of the health services and is associated with the receipt of information, skill sand professional relations established with the professionals and can happen in servicesor in the community.

FINAL CONSIDERATIONS

Understand the needs in health of users of ESF in relation to health care is important to do reflection on the reality of health that are involved in care.

This study shows that is need to consider more subjective issues such as the importance of establishing emotional relationships and trust between users and professionals to promote a care that meets the health needs of the population.

As natural limitations of the study, we can highlight that by be qualitative research, the results cannot be generalized, however the study may have great contribution in order to awaken the professionals for the performance of their practices with the focus still on disease and that require a health care based on people, on humanization and establishing trust relationships.

So, the meanings of health needs in relation to one of its constituent elements, attention to health, are indications to be considered in the planning and organization of health services both in the sense of rethinking care that already has been offered, as in the sense to extend actions that contemplate other needs based on the experiences and interactions of individuals.

So, we believe this study on needs in relation to health care, that takes into account the assumptions of IS, can enable a more contextualized care and suitable to the reality of individuals, which in a way is a way to meet the health needs, and can contribute to improving the quality of life of people.

ATENÇÃO À SAÚDE NA CONSTITUIÇÃO DE NECESSIDADES EM SAÚDE PARA USUÁRIOS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

Este estudo objetivou abordar a atenção à saúde, um dos elementos constituintes das necessidades em saúde, para usuários da Estratégia Saúde da Família. Trata-se de uma pesquisa qualitativa, com referencial teórico no Interacionismo Simbólico e metodológico na Teoria Fundamentada nos Dados (TFD). Foram entrevistados individualmente, a partir de um roteiro semiestruturado, 17 usuários de uma Unidade Básica de Saúde de um município de Minas Gerais, no período de fevereiro de 2016 a maio de 2017. A análise dos dados ocorreu por meio do processo de codificação Aberta, Axial e Seletiva, proposto pela TFD. Evidenciou-se que a atenção à saúde constitui necessidades em saúde, sendo representada principalmente pelo acolhimento, acesso e obtenção de respostas pelos usuários nos serviços. As demandas relacionadas

às questões biológicas do corpo é o que faz os usuários a buscarem o serviço, mas o que esperam é uma atenção voltada não somente para a doença, mas acolhedora e zelosa. Os profissionais de saúde precisam estar atentos às questões subjetivas, como a importância do estabelecimento de relações afetivas com usuários para promover um cuidado que atenda as necessidades em saúde da população.

Palavras-chave: Determinação de necessidades de cuidados de saúde. Necessidades e demandas de serviços de saúde. Atenção Primária à Saúde.

ATENCIÓN A LA SALUD EN LA CONSTITUCIÓN DE NECESIDADES EN SALUD PARA USUARIOS DE LA ESTRATEGIA SALUD DE LA FAMILIA

RESUMEN

Este estudio tuvo el objetivo de tratar sobre la atención a la salud, uno de los elementos constituyentes de las necesidades en salud, para usuarios de la Estrategia Salud de la Familia. Se trata de una investigación cualitativa, con referencial teórico en el Interaccionismo Simbólico y metodológico en la Teoría Fundamentada en los Datos (TFD). Se entrevistaron individualmente, a partir de un guión semiestructurado, 17 usuarios de una Unidad Básica de Salud de un municipio de Minas Gerais, en el período de febrero de 2016 a mayo de 2017. El análisis de los datos ocurrió por medio del proceso de codificación Abierta, Axial y Selectiva, propuesto por la TFD. Se evidenció que la atención a la salud constituye necesidades en salud, siendo representada principalmente por la acogida, acceso y obtención de respuestas por los usuarios en los servicios. Las demandas relacionadas a las cuestiones biológicas del cuerpo es lo que hace que los usuarios busquen el servicio, pero lo que esperan es una atención dirigida no solo a la enfermedad, sino acogedora y celosa. Los profesionales de la salud deben estar atentos a las cuestiones subjetivas, como la importancia del establecimiento de relaciones afectivas con los usuarios para promover un cuidado que atienda las necesidades en salud de la población.

Palabras clave: Determinación de necesidades de cuidados de salud. Necesidades y demandas de servicios de salud. Atención Primaria a la Salud.

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Corresponding author: Amanda Rodrigues Garcia Palhoni. Alameda Beija Flor, 27, Residencial Sul, Nova Lima, Minas Gerais, Brazil. CEP: 34004-312 – Cell.: (31) 991557136. E-mail: amandargpalhoni@yahoo.com.br

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