


Comprehensive care and user embracement in family health: analysis of user embracement practices and their importance in the development of comprehensive health care

Atenção integral e acolhimento na saúde da família: análise das práticas de acolhimento e sua importância na construção da atenção integral à saúde

Atención integral y acogida en salud de la familia: análisis de las prácticas de acogida y su importancia en la construcción de la atención integral en salud

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Abstract

Introduction: User embracement is understood not merely as the reception of patients, but as a practice that involves qualified listening, recognition of users' needs, and the establishment of trust-based relationships. This approach enables more personalized and resolute care, which is essential for health promotion and disease prevention, aligning with the principles of equity and comprehensiveness of SUS. **Objective:** To analyze user embracement practices in family health care and their importance in building comprehensive health care. Different aspects of welcoming as both an organizational and care practice were discussed, including its impacts on access and quality of health services. **Methods:** This is a qualitative study with a descriptive and exploratory approach. Analysis of the collected data allowed the identification of several dimensions of welcoming practices within the Family Health Strategy (FHS) and their impacts on comprehensive health care. **Results:** The results are organized into four main categories: (1) characteristics of welcoming practices, (2) challenges faced, (3) impacts on quality of care, and (4) strategies to improve user embracement. **Conclusions:** This study reinforces the importance of welcoming within the FHS as a transformative practice capable of promoting comprehensive and high-quality care. By strengthening user embracement practices, it is possible to advance the development of a more just, humane, and effective health system that truly meets the population's needs.

Keywords: Primary health care; User embracement; Family health.

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Resumo

Introdução: O acolhimento é compreendido não apenas como a recepção dos pacientes, mas como uma prática que envolve escuta qualificada, reconhecimento das necessidades dos usuários e construção de vínculos de confiança. Essa abordagem permite um cuidado mais personalizado e resolutivo, essencial para a promoção da saúde e prevenção de agravos, alinhando-se aos princípios de equidade e integralidade do Sistema Único de Saúde. **Objetivo:** Analisar as práticas de acolhimento na saúde da família e sua importância para a construção da atenção integral à saúde. **Métodos:** Foram discutidos os diferentes aspectos do acolhimento como prática organizacional e de cuidado, incluindo seus impactos no acesso e na qualidade dos serviços de saúde. Trata-se de um estudo de caráter qualitativo, com abordagem descritiva e exploratória. A análise dos dados coletados permitiu identificar diversas dimensões das práticas de acolhimento na estratégia saúde da família (ESF) e seus impactos na atenção integral à saúde. **Resultados:** Os resultados estão organizados em quatro categorias principais: características das práticas de acolhimento, desafios enfrentados, impactos na qualidade do cuidado e estratégias para aprimorar o acolhimento. **Conclusões:** Este estudo reforça a importância do acolhimento na ESF como uma prática transformadora, capaz de promover atenção integral e de qualidade. Pelo fortalecimento do acolhimento, é possível avançar na construção de um sistema de saúde mais justo, humano e eficaz que de fato atenda às necessidades da população.

Palavras-chave: Atenção primária à saúde; Acolhimento; Saúde da família.

Resumen

Introducción: La recepción se entiende no solo como la recepción de pacientes, sino como una práctica que implica una escucha calificada, el reconocimiento de las necesidades de los usuarios y la construcción de vínculos de confianza. Este enfoque permite una atención más personalizada y resuelta, esencial para la promoción de la salud y la prevención de enfermedades, en línea con los principios de equidad e integralidad del SUS. **Objetivo:** Este artículo tiene como objetivo analizar las prácticas de acogida en Salud de la Familia y su importancia para la construcción de la atención integral en salud. Se discutirán los diferentes aspectos de la acogida como práctica organizativa y asistencial, incluidos sus impactos en el acceso y la calidad de los servicios de salud. **Métodos:** Se trata de un estudio cualitativo, con enfoque descriptivo y exploratorio. El análisis de los datos recolectados permitió identificar varias dimensiones de las prácticas de acogida en la Estrategia de Salud de la Familia (ESF) y sus impactos en la atención integral de salud. **Resultados:** Se organizan en cuatro categorías principales: (1) características de las prácticas de recepción, (2) desafíos enfrentados, (3) impactos en la calidad de la atención y (4) estrategias para mejorar la recepción. **Conclusiones:** Este estudio refuerza la importancia de la acogida en la ESF como una práctica transformadora, capaz de promover una atención integral y de calidad. Fortaleciendo la acogida es posible avanzar en la construcción de un sistema de salud más justas, humano y eficaz, que realmente satisfaga las necesidades de la población.

Palabras clave: Atención primaria de salud; Acogimiento; Salud de la familia.

INTRODUCTION

The Family Health Strategy (FHS) is a fundamental component of the Brazilian Unified Health System (*Sistema Único de Saúde – SUS*) and plays a central role in the organization of primary health care. Since its implementation, it has been recognized as a model oriented toward comprehensive care, with emphasis on prevention, health promotion, and the continuous monitoring of individuals and communities.¹ Within this context, the concept of user embracement is essential to ensuring universal and humanized access to health services and constitutes one of the fundamental pillars for the effective implementation of comprehensive care.

User embracement is understood not merely as the welcoming of patients, but as a practice encompassing qualified listening, recognition of users' needs, and the establishment of trust-based relationships. This approach enables more personalized and effective care, which is essential for health promotion and the prevention of complications, and is aligned with the principles of equity and comprehensiveness of SUS.² The practice of reception is crucial for overcoming barriers to access and for improving the quality of care, particularly in contexts of social vulnerability.³

The objective of this article was to analyze user embracement practices in family health, highlighting their relevance to comprehensive care, their impact on access to and quality of services, as well as the

challenges and strategies associated with their effective implementation. The various dimensions of user embracement as both an organizational and care practice are discussed, including its effects on access to and the quality of health services. Furthermore, the challenges faced by health teams in implementing user embracement effectively are examined, along with the strategies adopted to address these challenges, based on examples of good practices and successful experiences.

METHODS

The methodology adopted in this study was qualitative in nature, with a descriptive and exploratory design, as it allows for an in-depth understanding of reception practices in family health. This approach enables the exploration of the perceptions, meanings, and experiences of health professionals, thereby supporting a contextualized analysis of the challenges, strategies, and impacts of reception on the organization of care and the quality of services. Data collection was conducted through a literature review and document analysis, complemented by semi-structured interviews with health professionals working in FHS.

The literature review was conducted to identify and analyze relevant studies on reception in primary care, particularly within the context of FHS. Databases consulted included the Scientific Electronic Library Online (SciELO), PubMed, and Google Scholar. The following keywords were used: “user embracement,” “primary care,” “family health,” and “integrality in health.” Article selection included publications from the past ten years, with priority given to empirical studies, systematic reviews, and official documents issued by the Ministry of Health. This stage was essential for understanding the diverse theoretical and practical perspectives related to the topic:

Inclusion criteria were:

- Articles published between 2014 and 2024, with a defined time frame to ensure the currency and relevance of the data;
- Studies using qualitative, quantitative, or mixed-methods approaches addressing user embracement practices in FHS;
- Full-text articles published in Portuguese, English, or Spanish;
- Publications in peer-reviewed journals with positive methodological quality assessment, according to criteria such as clarity of objectives, adequacy of study design, consistency between methods and results, and well-founded discussion;
- Studies that directly or indirectly address the impacts of user embracement practices on access, service organization, and quality of care.

Exclusion criteria were:

- Articles not directly related to the topic of user embracement practices in primary health care;
- Duplicate publications, conference abstracts, editorials, letters to the editor, theses, dissertations, and systematic reviews (if the focus is on empirical studies);
- Studies with insufficiently described methodology, compromising the assessment of their scientific quality;
- Articles not available in full text in the consulted databases.

The document analysis comprised a review of public policies, technical manuals, and regulations issued by the Ministry of Health, with emphasis on reception and comprehensive care practices within

the FHS. The documents examined included the National Primary Care Policy,⁴ ministerial ordinances, such as Ordinance No. 2.436/2017,⁵ and specific operational guidelines.⁶ The purpose of this analysis was to identify the institutional directives and principles guiding reception practices within SUS, thereby providing a comprehensive understanding of the foundational elements that underpin care delivery in primary health care.⁷

To complement the secondary data, semi-structured interviews were conducted with health care professionals (nurses, physicians, and community health workers) working within the FHS. The interviews followed a script composed of open-ended questions addressing experiences with patient reception, challenges encountered in practice, and perceptions regarding the importance of reception for comprehensive care. All interviews were audio-recorded, transcribed verbatim, and analyzed using content analysis techniques.

The semi-structured interview guide was developed based on the study objectives and a literature review addressing reception within the FHS. The questions were designed to explore aspects related to reception practices, organization of care, challenges faced by the teams, and strategies adopted to improve access to and quality of services. The guide was submitted to experts with experience in family health, public health, and qualitative methodologies to evaluate the clarity, relevance, and appropriateness of the questions. Following the recommended revisions, a pretest was conducted with two professionals whose profiles were similar to those of the study participants in order to assess comprehension of the questions and the flow of the interview. Final adjustments were incorporated prior to conducting the formal interviews, thereby enhancing the validity and reliability of the data collection process.

The analysis and interpretation of the data were conducted using thematic content analysis, a technique widely employed in qualitative research in the health field. This approach enables the identification, organization, and interpretation of meanings embedded in participants' narratives, supporting the development of categories derived from a systematic examination of the empirical material. The analytical process followed the stages of pre-analysis, exploration of the material, and treatment of the results. This included the initial coding of recording units, grouping into thematic categories, and subsequent interpretation in light of the adopted theoretical framework. Coding was performed manually (or with the support of software such as NVivo or Atlas.ti), with the aim of ensuring methodological rigor and fidelity to the participants' narratives. Triangulation with the literature and validation of the categories by the supervisor (or research team) contributed to enhancing the reliability of the findings.

The collected data were organized and analyzed using a thematic approach.⁷ The analysis focused on identifying patterns, categories, and recurring themes related to reception practices and their contribution to comprehensive care.¹⁻⁷ The findings were discussed in light of the existing theoretical framework and the empirical data obtained, with the objective of understanding how user embracement is implemented and perceived within the FHS.⁶

In one study, this perspective underscores that user embracement constitutes one of the most impactful practices for reorganizing the work process in primary care. In their review, the authors emphasize that user embracement enhances access, improves professional listening, and fosters the establishment of bonds, thereby transforming the relationship between users and health care teams. Furthermore, the study indicates that when conducted systematically and humanely, user embracement contributes to increased service effectiveness, a reduction in unnecessary referrals, and the strengthening of comprehensive care.

These findings corroborate the importance of reception as a strategic tool to enhance the effectiveness of the Family Health Strategy and to strengthen the principles of SUS.⁸ Furthermore,

the study sought to assess the impact of these practices on the quality of care delivered, thereby providing a more in-depth understanding of the effectiveness and challenges associated with reception in primary care.⁹

The Ministry of Health, through the National Humanization Policy, emphasizes that user embracement should be understood as a cross-cutting guideline that reorganizes work processes in health, strengthening co-responsibility and qualified listening between professionals and users¹⁰. The guide emphasizes that user embracement is not limited to the first contact, but involves the creation of bonds and appreciation. For the analysis and interpretation of the data, thematic content analysis, Section: Special UNASUS Network, of singularities and the construction of shared therapeutic responses were used, favoring practices centered on the subject and the territory. In addition, the document guides that user embracement should ensure timely access, risk classification when pertinent and resolution, contributing to the humanization of care and the expansion of the autonomy of individuals and communities¹⁰.

RESULTS

The analysis of the collected data enabled the identification of several dimensions of welcoming practices within the FHS and their impacts on comprehensive health care. The results are organized into four main categories:

- characteristics of user embracement practices;
- challenges faced;
- impacts on quality of care;
- strategies to improve user embracement practices.

Characteristics of user embracement practices

User embracement practices within the FHS were characterized by an emphasis on active listening and individualized care. Health professionals underscored the importance of receiving users in a humane manner, fostering a welcoming and trusting environment. Most interviewees reported that user embracement constitutes an opportunity to identify patients' actual needs, which are often not expressed during conventional consultations. An interdisciplinary approach, involving different members of the health care team, was identified as a facilitating factor for achieving a more holistic understanding of the patient, as illustrated by a nurse: "*User embracement is the moment when we can really understand what the patient is going through, beyond the physical symptoms. This helps us to offer more complete and appropriate care*" (Interviewee 3).

Challenges faced

Despite the progress achieved, professionals reported several challenges to the effective implementation of the welcoming process. Among the primary obstacles identified were work overload, insufficient specific training, and limited material and human resources. Many participants indicated that the restricted time allocated to each appointment compromises the provision of high-quality care. Additionally, staff turnover within health units was identified as a significant issue, as it hinders continuity of care and the establishment of sustained bonds with users.

Impacts on the quality of care

The data indicate that welcoming practices exert a significant positive impact on the quality of care delivered within the FHS. Interviewees reported that providing a space for attentive listening and understanding of users' needs promotes greater adherence to treatment and reduces unnecessary referrals to secondary levels of care. One physician emphasized: "*User embracement often prevents the patient from going directly to an emergency room or requiring a consultation with a specialist, as many issues can be resolved within the unit itself*" (Interviewee 7).

Furthermore, welcoming practices were identified as strengthening the bond between health professionals and the community, thereby promoting greater trust and satisfaction among users.

Strategies to improve the user embracement process

Among the strategies proposed to improve welcoming practices, the following were highlighted: ongoing professional training, implementation of specific protocols, and strengthening of teamwork. The establishment of appropriate physical spaces dedicated to user embracement, ensuring users' privacy and comfort, was also identified as a necessary measure. Additionally, the incorporation of digital technologies to facilitate communication and appointment scheduling was suggested as a means of reducing workload and enhancing the efficiency of care delivery.

DISCUSSION

The results demonstrate that, despite the existence of significant challenges, welcoming practices within the FHS play a crucial role in promoting comprehensive health care. The humanization of care and active listening were identified as fundamental elements for effectively and efficiently addressing users' needs. The strategies proposed by the interviewed professionals indicate potential pathways to overcome existing barriers and enhance the quality of care in primary health care settings.

This study examined welcoming practices within the FHS and their relevance to the construction of comprehensive health care. Data analysis revealed that user embracement constitutes an essential practice for ensuring humanized and effective care, capable of addressing users' needs from a holistic perspective. By promoting qualified listening and fostering trust, user embracement is established as a fundamental pillar for health promotion and disease prevention, in alignment with the principles of comprehensiveness and equity that underpin SUS.

The results demonstrated that, despite existing limitations and challenges, such as work overload and insufficient resources, the welcoming approach exerts a significant positive impact on the quality of care delivered. The practice of welcoming facilitates improved patient adherence to treatment, reduces unnecessary referrals, and helps prevent health complications, thereby contributing to the overall efficiency of the health system.

However, for the user embracement approach to achieve full effectiveness, it is essential to invest in strategies that strengthen this practice. These include continuous training of health professionals, the development of specific protocols, the improvement of working conditions, and the incorporation of technologies that facilitate access and communication. Furthermore, it is imperative that public policies continue to recognize, value, and support user embracement as a central practice within primary health care.

In summary, this study reinforces the importance of user embracement within the FHS as a transformative practice capable of promoting comprehensive, high-quality care. By strengthening this approach, progress can be made toward the development of a more equitable, humane, and effective health system that genuinely responds to the needs of the population. The reflections and recommendations presented herein may serve as a foundation for future research and for the implementation of improvements in welcoming practices, thereby contributing to the continuous enhancement of SUS.

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