



ORIGINAL RESEARCH ARTICLE

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## SATISFACTION REGARDING ATTENDANCE IN NURSING CONSULTATIONS IN A PRIMARY HEALTHCARE CENTER IN THE NORTHEAST OF BRAZIL

\*<sup>1</sup>Francisca Aline Arrais Sampaio Santos, <sup>2</sup>Andressa Lany Martins dos Santos Moreira, <sup>3</sup>Thamyres da Silva Martins, <sup>4</sup>Floriacy Stabnow Santos, <sup>5</sup>Adna Nascimento Souza, <sup>6</sup>Lívia Maia Pascoal, <sup>7</sup>Maria Aparecida Alves de Oliveira Serra, <sup>8</sup>Marcelino Santos Neto, and <sup>9</sup>Janaína Miranda Bezerra

<sup>1</sup>Nurse, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

<sup>2</sup>Nurse, RN. Federal University of Maranhão, Imperatriz, Maranhão, Brazil

<sup>3</sup>Nurse, RN. Federal University of Maranhão, Imperatriz, Maranhão, Brazil

<sup>4</sup>Nurse, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

<sup>5</sup>Nurse, RN. Federal University of Maranhão, Imperatriz, Maranhão, Brazil

<sup>6</sup>Nurse, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

<sup>7</sup>Nurse, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

<sup>8</sup>Pharmacist-biochemist, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

<sup>9</sup>Pharmacist-biochemist, Msc, PhD. Adjunct Professor of the Nursing Course of the Center for Social Sciences, Health and Technology (CCSST) of the Federal University of Maranhão (UFMA), Imperatriz/MA/Brazil

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### ABSTRACT

**Objective:** To identify service users' satisfaction regarding attendance in nursing consultations in a primary healthcare unit and to ascertain the aspects associated with the quality of the same, based on information from the service users. A cross-sectional study.

**Setting:** A primary healthcare center in the Northeast of Brazil.

**Subjects:** The data were obtained through the *Primary Care Assessment Tool*, applied with 373 patients attended by nurses.

**Measures:** To analyze the data, the *Pearson Chi-squared* test was applied, with a level of significance of  $p < 0.001$ . It was observed that 81% of the service users assessed the nursing consultation as good. There was a significant association between service users' satisfaction and the following aspects of the nursing consultation: reason for the consultation; undertaking of treatment in the unit; receiving medications through the service; undertaking a specific physical examination; duration of the consultation; and listening to the client's complaints. The service users are satisfied with the nursing consultation. However, a significant proportion continue to show dissatisfaction with certain aspects of the consultation, above all those who are not treated in the unit, and whose attendance lasted from 3 to 10 minutes, and which did not involve the undertaking of a specific physical examination.

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## INTRODUCTION

According to Law 7.498/86, the professional nurse, in Brazil, undertakes nursing consultations in primary healthcare, among other procedures, in accordance with protocols and rules established by the three spheres of government. Hence, in compliance with skills and the profession's legal provisions, she requests supplementary tests, prescribes medications, and – when necessary – refers the service users to other services (Brasil, 2011). It is believed that the nursing consultation gives continuity to the multi-professional assistance, develops interdepartmental practices, and improves the interpersonal relationship with the clients and their family members – as well as establishing care based in scientific actions, with a focus on educational aspects, besides linking the patient to the health service (Souza *et al.*, 2013). The nurse, as a member of the multidisciplinary team in health in primary care, through the nursing consultation, provides individualized and comprehensive care, in which the priority is to reestablish the subject's well-being, taking into account the social, environmental and psychic aspects of the same. For this, the care practice must be put into effect based on the process of embracement, through to the outcome of the attendance, developing a therapeutic project and a strong bond between the health service and the nurse (Brasil, 2012). In the context of primary healthcare, the nursing consultation makes it possible to systematize the care offered to the person, family and community, prioritizing health actions geared towards the promotion, protection and maintenance of life, centered upon the person being cared for, and in the context which surrounds that person (Dantas *et al.*, 2016). It follows that investigating the service users' satisfaction in relation to the nursing consultation will allow the undertaking of concrete and contextualized actions with this clientele, with strong implications for carrying out measures which may improve the nursing care and the attendance in the primary health services. In the light of this, this study's objective was to identify the service users' satisfaction regarding attendance in nursing consultations in a primary healthcare center and to ascertain which aspects the service users associated with the quality of the consultations.

## MATERIALS AND METHODS

### *Design and Sample*

The study was approved by the Committee for Ethics in Research with Human Beings of the Federal University of Maranhão, under Opinion 927.907. All the participants signed the terms of free and informed consent prior to joining the study.

This is a cross-sectional study undertaken in a Primary Healthcare Center in a municipality in the Northeast of Brazil, in September – October 2015. Three family health teams – each one made up of a nurse, a physician, a nurse technician and four community health workers – work in the area, offering coverage to approximately 3186 families. The sample calculation was undertaken using a formula for a finite population. The authors adopted a prevalence of 50% as this provides a maximum sample size, a level of significance of  $\alpha=0.05$  and an absolute sample error of 5%. As a result, a total of 373 individuals were included in the sample. Participant selection was undertaken randomly, complying with the eligibility criteria established. The inclusion criteria for

participating in the research were: patients of 18 years old or over, with a Unified Health System card, and who had received attendance from the nurse at least once in the previous six months. People with impaired communication or any type of cognitive alteration were excluded.

### *Measures*

The instrument used for data collection was a questionnaire, divided in two parts. The first addressed the socioeconomic aspects and aspects concerning the characterization of the study participants, such as age, sex, educational level, professional occupation, whether they had a chronic disease or not, and – in the case of female patients – whether they were pregnant. The second part was based on the Manual of the adult version of the *Primary Care Assessment Tool (PCA Tool) – Brazil* (Brasil, 2010). The Primary Care Assessment Tool (PCA Tool) is approved in other countries and was translated into Portuguese for the Brazilian version. It contains questions which may be applied to children and adults. The adult version contains 87 items. For this study, the following were used: item A (Longitudinality), aspects A1 and A2; item C (First Contact Access – Accessibility), aspect C9, item D (Longitudinality), aspects D3, D4, D5, D6, D7 and D14; item H (Comprehensiveness – Services Provided), H1-H13; item I (Family-Centeredness), I1-I3; and item J (Community orientation), J4-J6, as these are relevant to the object of the study in question (Brasil 2010). Data collection took place daily during the unit's opening hours.

### *Analytic Strategy*

The processing of the data and the statistical analysis were undertaken using the *Statistical Package for the Social Sciences®* software, version 22.0. Firstly, the *Kolmogorov-Smirnov* test was applied to assess of the normality of the quantitative variables. Descriptive analysis (univariate) and bivariate analyses (Chi-Squared and Fisher's exact test) were undertaken between the dependent variable (service users' satisfaction) and the other variables considered independent (reason for the consultation, whether the patient was treated in the unit, whether the patient received all the medications needed, duration of the consultation, whether the patient was given enough time to talk, undertaking of a specific physical or general examination, and whether a prescription was issued at the time of the consultation). For each characteristic of the population studied, a level of significance of  $p<0.001$  and a respective confidence interval of 95% were established.

## RESULTS

Regarding the socioeconomic characterization of the 373 service users investigated, it was observed that the majority were female (69.4%), married (34%) followed by cohabiting (31.1%). In relation to occupation, the majority were retired (20.4%) or housewives (26.3%). Concerning age range, mean age was 41.37 ( $\pm 18.262$ ) years old, and the mean monthly family income was US\$321.63. The average educational level was 8.96 ( $\pm 3.34$ ) years in education. It was observed that 65.4% are not treated in the primary healthcare center studied, and that 61.4% reported receiving all the medications needed through the service. In relation to the reason for the consultation, it was ascertained that 24.4% of the service users requested the nursing consultation for a health problem, 19.8% for the prevention of disease, 17.7% for treating hypertension

or diabetes, and 12.6% for preventing cervical cancer (Table 1). In relation to the duration of the nursing consultation, 46.4% of service users stated that the duration of the consultation was from 5 to 10 minutes; 28.1%, from 3 to 5 minutes; and 25.5%, from 10 to 30 minutes.

When questioned regarding the time given by the nurse for talking about their needs, 90% of the service users reported that they were offered time for talking (Table 1). Regarding the undertaking of the physical examination, 85.5% stated that no specific physical examination was undertaken in the

**Table 1. Aspects of the nursing consultation according to service users of a primary healthcare center Imperatriz, State of Maranhão (MA), Brazil, 2016. (n=373)**

Variables	n	%
Reason for consultation		
Presenting a health problem	91	24.4
Health maintenance	74	19.8
Treatment for high blood pressure or diabetes	66	17.7
Prevention of cervical cancer	47	12.6
Prenatal consultation	42	11.3
Others	33	8.8
Treatment of tuberculosis or Hansen's disease	20	5.4
Receives treatment in the Center		
No	244	65.4
Yes	129	34.6
Received medications through the service		
Yes	229	61.4
No	144	38.6
Duration of consultation		
Between 5 and 10 minutes	173	46.4
Between 3 and 5 minutes	105	28.1
Between 10 and 30 minutes	95	25.5
Listened to the patient		
Yes	336	90
No	37	10
Undertaking of specific physical examination		
No	319	85.5
Yes	54	14.5
Undertaking of general physical examination		
No	299	80.2
Yes	74	19.8
Was a prescription issued at the time of the consultation		
Yes	344	92.2
No	29	7.8

**Table 2. Association of the aspects of the nursing consultation with satisfaction among the service users of a primary healthcare center. Imperatriz, MA, Brazil, 2016. (n=373)**

Variables	Excellent n=41 n(%)	Good n=302 n(%)	Acceptable n=30 n(%)	p-value
Reason for consultation				0.001*
Presenting a health problem	6 (14.6)	73(24.2)	12(40)	
Health Maintenance	10 (24.4)	57 (18.9)	7 (23.3)	
Treatment for high blood pressure or diabetes	7 (17.1)	48 (15.9)	11 (36.7)	
Prevention of cervical cancer	6 (14.6)	41 (13.6)	0 (0)	
Prenatal consultations	12 (29.3)	30 (9.9)	0 (0)	
Others	0 (0)	33 (10.9)	0 (0)	
Treatment of tuberculosis or Hansen's disease	0 (0)	20 (6.6)	0 (0)	
Receives treatment in the center				<0.0001*
No	34(82.9)	198 (65.6)	12 (40)	
Yes	7 (17.1)	104 (34.4)	18(60)	
Received all the medications needed				<0.0001*
Yes	25 (61)	174(57.6)	30(100)	
No	16 (39)	128 (42.4)	0 (0)	
Duration of consultation				<0.0001*
Between 5 and 10 minutes	19(46.3)	154(50.9)	0 (0)	
Between 3 and 5 minutes	12 (29.3)	69 (22.9)	24(80)	
Between 10 and 30 minutes	10 (24.4)	79 (26.2)	6 (20)	
Listened to the patient				<0.0001*
Yes	41 (100)	277(91.7)	18(60)	
No	0	25 (8.3)	12 (40)	
Undertook specific physical examination				<0.0001*
No	26(63.4)	263(87.1)	30(100)	
Yes	15 (36.6)	39 (12.9)	0 (0)	
Undertook general physical examination				0.012
No	30 (73.2)	239 (79.1)	30 (100)	
Yes	11 (26.8)	63 (20.9)	0 (0)	
Received a prescription at the time of the consultation				0.025
Yes	41 (100)	273 (90.4)	30 (100)	
No	0 (0)	29 (9.6)	0 (0)	

\*Level of significance of p<0.001

consultation, and 80.2% stated that no general physical examination was undertaken in the consultation. In relation to the prescription of medications, 92.2% of the service users stated that they received a prescription for medications (Table 1). It was ascertained that 81% (302) of the service users evaluated the nursing consultation as good, followed by 11% (41) who considered the nursing consultation to be excellent, and 8% (30) who considered it to be acceptable (Table 2). It was observed that for the majority of the service users (24.2%) who considered the nursing consultation to be 'good', the reason for attending the nursing consultation was that they had health problems; 40% of the patients who classified the consultation as 'acceptable' had the same reason. Among the service users who assessed the consultation as excellent, the majority (29.3%) attended the service in order to undertake prenatal consultations ( $p=0.001$ ). In relation to treatment in the primary healthcare center, it was ascertained that the majority of the service users who classified the consultation as 'excellent' (82.9%) or 'good' (65.6%) did not receive treatment in the primary healthcare center studied. The majority of the patients who assessed the consultation as 'acceptable' (60%) are treated in the above-mentioned center ( $p<0.0001$ ). Concerning the condition of receiving medications, the majority of those who classified the consultation as 'excellent' (61%) or 'good' (57.6%), and all of those who assessed the consultation as 'acceptable' (100%) received the medications that they needed through the service, and presented statistically significant associations ( $p<0.0001$ ). In relation to the duration of the nursing consultations, it was observed that the service users who considered the consultations as 'excellent' (46.3%) and 'good' (50.9%) had consultations whose length varied between 5 and 10 minutes, while the majority of those who classified the nursing consultations as 'acceptable' (80%) had consultations lasting between 3 and 5 minutes ( $p<0.0001$ ). The present study showed that all the patients who classified the consultation as 'excellent' (100%), and the majority of those who assessed it as 'good' (91.7%) or 'acceptable' (60%) reported that the nurse gave them time to talk during the consultation ( $p<0.0001$ ). Regarding the undertaking of a specific physical examination, it was ascertained that the majority of the patients who classified the consultation as 'excellent' (63.4%) or 'good' (87.1%), and all who judged it to be 'acceptable' (100%) reported not undertaking a specific physical examination during the nursing consultation ( $p<0.0001$ ).

## DISCUSSION

The present study evidenced that the majority of the users of the primary healthcare center were satisfied with the nursing consultation, classifying it as 'good' or 'excellent'. A proportion of the clients, however, continue to consider the attendance provided by the nurses to be 'acceptable'. One study on the philosophical perspective regarding the nursing consultation discussed that for improving quality in the health services, it is necessary to value the nursing consultation as a priority action in primary healthcare, emphasizing above all the humanization of the care, emphasizing the uniqueness of the person considering the perspectives of the family and community. The service users who classified the consultation as 'good' or 'excellent' were not treated in the primary healthcare center, received the medications prescribed for them from the service in question, reported that the time for undertaking the nursing consultations was from 5 to 10 minutes, and did not undertake a specific physical

examination, although they were offered time for reporting their needs. These data demonstrate the restriction of the nursing consultation to care which is curative, in which there is no establishing of a bond between the caregiver and the person being cared for; this leads to impairment of the actions preventing poor health or promoting health, stipulated by the first level of healthcare, as they do not prioritize the increasing of comprehensiveness of the care and the longitudinality of the actions (Oliveira and Verissimo 2015).

As well as this, it is known that the numerous bureaucratic activities undertaken by the nurse working in primary healthcare may restrict the time dedicated to care actions and – given that the transference of financial resources is linked to producing productivity reports – this factor may contribute to the prioritizing of management activities, to the detriment of attending health service users (Silva *et al.*, 2013). Because the nursing consultation is a propitious time for strengthening the bond between nurse and service user, through the evaluation of physical health conditions and social and emotional conditions, this must be undertaken with the objective of getting to know the service user and her context in greater depth, promoting the client as the protagonist in the health promotion (Bernardes *et al.*, 2013; Dios *et al.*, 2013). Specifically, the nursing consultation was classified as 'excellent' when it involved prenatal consultations, showing that the pregnant woman's satisfaction regarding the nursing consultation promotes the adherence of the same to the health service. Thus, quality in the prenatal care is fundamental for maintaining the involvement of the mother in monitoring her health throughout the pregnancy, the nurse being an important actor in the process of embracement and counseling and providing care during the progression of the pregnancy (Yoder *et al.*, 2015). Furthermore, the present study showed that the service users who classified the nursing consultation as 'acceptable' were associated with aspects such as seeking attendance by the nurse when they have health problems, in spite of undertaking treatment in the primary healthcare center and receiving the medication for treatment. As a result, it is supposed that the reason for attending the service is related to resolving some new health problem, with the curative rather than preventive focus being valued, which impacts the health services' capacity to resolve issues, due to overloading of demand, which may influence the service users' dissatisfaction. Studies have demonstrated a tendency for nursing actions to be geared towards verticalized technical procedures which depend on the health professional, and curative practices focused on the disease, failing to consider either the service users as the center of attention in the process of care, or the autonomy and potential of the service users due to their being active and responsible subjects, through actions preventing ill health and actions promoting health (Acioli *et al.*, 2014; Ferreira *et al.*, 2009; Lowen *et al.*, 2015). Where the nursing consultation was assessed as 'acceptable', this was associated with a reduced length of the consultation and the absence of a specific physical examination during the attendance, although the service users did consider that the nurse provided them with time for reporting their health needs. In order to achieve a relationship in which there is a bond and trust with the service user, it is necessary for the nursing consultation to take place in a tranquil setting, to be organized, and for there to be enough time to gather important indicators referent to the client's state, through listening to the service user and her complaints, and knowledge of the problems' resolution through the activation of networks of shared knowledge

(Östlund *et al.*, 2016; Silva, Baitelo *et al.*, 2015). In the context of primary healthcare, emphasis is placed on the importance of measuring service users' satisfaction as a means of organizing the health actions geared towards the empowerment of the individual. Moreover, it is important to directly address various topics involving the protection of health during the nursing consultation, in accordance with the focus on preventing health problems (Bikker *et al.*, 2015; Dios *et al.*, 2013). In the light of the above, it is necessary to develop human and technical skills in order to undertake an improved nursing consultation, carrying out actions which are more comprehensive, and in which there is greater participation of the service user, prioritizing systematized care. Among this study's limitations, one can indicate the transversal design, related to the identification of associations – but which does not allow one to determine relationships of cause and effect among the variables studied, as well as not making it possible to accompany the service users' treatment. The assessment was made purely through self-reporting, and there was no other measurement of the reliability of the reports.

## Conclusions

The present study showed that the majority of service users were satisfied with the attendance in nursing consultations. The best rates of satisfaction among the service users were associated with prenatal attendance, not undertaking the health treatment in the health center, receiving the medications in the health center, consultations which lasted from 5 to 10 minutes, complaints listened to by the nurse, and a specific physical examination not being undertaken during the consultation. The service users' dissatisfaction was associated with attending the service only when ill, being treated in the health center, and consultations lasting from three to ten minutes, in which there was no specific physical examination, but in which the nurse did listen to the service user's complaints. As a result, it is recommended that further studies on this issue should be undertaken in other regions with distinct socioeconomic and cultural conditions, addressing other problematizations and relativizations, such that it makes it possible to construct a more consistent panorama of the service users' satisfaction with the care provided by the nurse in primary healthcare.

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