

Development and Validation of a Satisfaction Measure of Outpatient Care for People Living with AIDS

ORIGINAL

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Abstract

Objective: Develop and validate a measure of satisfaction of outpatient care for people living with acquired immunodeficiency syndrome, as well as assess the satisfaction with the quality of outpatient service provided to these users.

Method: This is a methodological study, conducted in a hospital of infect-contagious diseases in Brazil. The sample was composed of 626 people living with AIDS and 56 specialists. As an instrument of data collection using an instrument developed for this study. A factor analysis was tested by calculating the index of Kaiser-Meyer-Olkin (KMO), inspection of the correlation matrix of the items and the test of sphericity of Bartlett.

Results: The main indicators listed form: to availability of anti-retroviral drugs and laboratory tests, physical structure, respect for privacy, relationships, timing, chance to complain, quality of actions received support offered, communication, ease of access, attendance and reception schedules. The measure of service satisfaction demonstrated factor ability indication of the array with a resolution to a single factor ($\alpha = 0.963$) and variance explained of 71.7%. There was a significant difference only to the place of origin of the patient, and those from the State more dissatisfied.

Conclusion: The evaluation of satisfaction proved a strategy planning and evaluation of health services in the pursuit of improving quality of care for patients with a diagnosis of AIDS.

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Keywords

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Introduction

Acquired immunodeficiency syndrome (aids) still constitutes a major challenge to global public health. Currently all the geographical areas of the world have people living with human immunodeficiency virus (HIV) [1]. According to the Joint United Nations programme on HIV/aids (UNAIDS) worldwide there is 35.3 million people living with HIV. It is estimated that 0.8% of adults aged 15-49 years in the world living with the virus and 9,700,000 people are in treatment [2, 3].

The Brazil is the country in Latin America with the largest number of reported cases since the beginning of the epidemic, being logged, according to the Ministry of health (MS) from 1982 until June 2014, 656,701 cases of AIDS [2, 3]. On the other hand, has advanced in public policies to combat the disease, with the support of international agencies, becoming focus of civil society organizations, philanthropic, religious, among others [1, 4].

In this perspective, the assessment of policies and actions on health up is essential to the elaboration of strategies to the correct destination. This evaluation contributes to show the condition of society and prevent the waste of resources, the implementation of health programs ineffective. The evaluation of health care is one of the ways of managing to get the quality of service provided, i.e. intentional process, political and technical, configuring itself as an ethical and social responsibility. In this evaluation process, are conspicuous by their user satisfaction in all the peculiarities of local services for adherence to treatment is increasingly effective [2, 3].

Evaluation methodologies that incorporate user vision are seen as part of a paradigm in which to reaffirm the principles concerning individual rights and citizenship, as expressed in the concepts of humanization and user rights. In this way, the Act of evaluating appears as a constant requirement, present in all the activities of health assistance, because it is assumed, that should precede decisions,

whether they are simple or complex, in search of better alternatives and/or results [5].

Therefore, the assessment can acquire various aspects and dimensions, and can be understood as a process or an instrument. Therefore, the construction of instruments which evaluate the quality of health is a methodological tool that instrumentalism the support of decisions arising from the dynamic of health services [5].

To justify the development of a study integrative review in search of scientific productions published over the past five years, about the subject in question. So, using the computerized databases the Virtual Health Library (VHL): Latin American literature and Caribbean (Lilacs) and International Literature in Biomedical and Health Sciences (Medline); SCOPUS and (Cumulative Index to Nursing and Allied Health Literature) CINAHL, employing the following intersections: Acquired Immunodeficiency Syndrome HIV Health Services Evaluation, Patient Satisfaction, Quality of Health Care. There has been a lack of research on the development of instruments to measure the satisfaction of people living with aids to the outpatient and hospital level.

Thus, the achievement of this study on the need to develop a measure to meet the satisfaction of users face the specialized outpatient level assistance services for people living with aids.

In this sense the research in screen back as relevance to meet the indicators to measure satisfaction of health services, to support the discussion of strategies to improve the health care of people living with aids.

From the knowledge gap identified on the subject in the scientific literature, wonders: What are the indicators required to compose a measure of satisfaction of outpatient care for people living with aids?

From the problematic, the present study aimed to develop and validate a measure of satisfaction of outpatient care for people living with acquired immunodeficiency syndrome, as well as assess the

satisfaction with the quality of outpatient service provided to these users.

Method

This is a methodological study, with a quantitative approach, carried out in a reference Centre for AIDS treatment in northeastern Brazil.

The population was constituted of hospitalized patients in that study unit, as well as Brazilian researchers, who could act as specialists, registered in Lattes platform, the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq).

Participated in this study 626 people living with aids, met during the period from June to December 2011. For the selection of the participants in the study were met the following inclusion criteria: have the diagnosis confirmed aids doctor and be over 18 years. With search exclusion criteria were deleted those users followed less than 06 months in outpatient clinic of the hospital. Already the expert sample was selected intentionally from the assessment of their resumes to the content validation research instrument. To this end, a search through the Lattes platform. Were listed as specialists: Faculty of graduate with training in the area of health and health professionals with higher level.

The experts were selected through the curriculum lattes using search tools, based on the following inclusion criteria: Faculty of graduate and/or health professionals in primary health care; post-graduation *stricto sensu* or *lato sensu* in the area of public health, public health, health sciences and/or health management; research related to the control of HIV/ Aids in the past five years; professional performance equal to or greater than two years. Sample delimited-if the 56 health professionals residing in several States of Brazil, so the research was developed by means of electronic mail.

The initial contact was made by means of invitation letter, specifying the evaluation criteria and the request for assessment and, after the acceptance,

the instrument and the informed consent (TFCC), outlining the study, explaining about the objects, of the justification for the achievement, ethical aspects (emphasizing the anonymity), were sent to the participants.

The instrument that subsidized data collection was composed of two steps. The first sought to characterize sociodemographic and health aspects of users, including information such as age, sex, address, origin, educational level, household income, color and current disease-related data. On Monday, aimed to identify how users assess the quality of health care of people living with aids, addressing issues relating to the operation of the outpatient unit in the inpatient.

To do so, in the second stage, 12 evaluation indicators were used: physical structure; respect the privacy of users; relationship professionals/users; opportunity to make complaints; support offered by the service; communication; reception; convenience of opening hours; availability of anti-retroviral drugs and laboratory tests; ease of access to services, punctuality of professionals; quality of the shares received.

The data obtained were analyzed through descriptive statistical procedures, in order to verify the distribution of responses for items in order to obtain conclusions about the normality of the distribution.

A factor analysis was tested by calculating the index of Kaiser-Meyer-Olkin (KMO), inspection of the correlation matrix of the items and the test of sphericity of Bartlett, as stated by Tabachnick and Vivek [6].

After calculating the factorial more satisfactory solution, it was verified the internal reliability of each factor, by calculating Cronbach's alpha and the arithmetic mean of the item-total correlations. The end result of the measurement was used for bivariate analysis Chi-square tests with the aim of comparison groups.

The project was approved by the Committee of Ethics in research with human beings at the Federal

University of Rio Grande do Norte, under paragraph CAAE. 0063.0.051.000-07, and followed all the legal regulations. Before you begin data collection, study participants were clear about the purpose of the research and reading the prior informed consent (TFCC) with following signature of the who accepted to participate in the study.

Results

With regard to the characterization of respondents, identified 360 (57.5%) men and 266 (42.5%) women, aged 20 and 62 years (38.35 ± 10.3), where 382 (61.0%) had up to 40 years of age. Most of those surveyed 356 (56.9%), resided in the capital of the State of Rio Grande do Norte, had until 9 years of schooling 336 (53.7%) were single 288 (46.0%), Tan color 360 (57.5%), with family monthly income of up to two minimum wages 422 (67.4%) worked in the area of services 274 (43.8%), and were predominant form of contamination the heterosexual 374 (59.7%).

As for the user input for tracking in service, 496 (79.2%) exhibited any sign or symptom of indication and 248 immunodeficiency (39.6%) made use of illicit drugs prior to the diagnosis of the disease. However, 534 (85.3%), only took note of the disease after joining in this service.

The **Table 1** shows variables on number of hospitalizations and type of assistance received by comparing the groups of patients from the capital and the interior of the State of Rio Grande do Norte, northeastern Brazil.

Identified the significant difference regarding the history of hospitalizations, and patients from the inside with a greater number of hospitalizations and an extensive history of abandonment of the treatment. Beyond therapy, assistance with greater accessibility for patients from the capital.

The inspection of the correlation matrix for the items of service evaluation showed 100% of cases

Table 1. Number of hospitalizations, type of assistance received, abandoning treatment for patient groups in the capital and interior, Natal/RN, Brazil, 2011 (n = 626).

Variables	Origin		
	Capital (%)	Interior (%)	(p)
Never been hospitalized	61.5	24.1	< 0.001
1 to 3 times hospitalized	31.2	50.0	
4 or more times in the hospital	7.3	25.9	
Medical assistance	100	100	-
Assistance of nurse	65.7	64.4	0.738
Assistance of psychologist (a)	32.0	21.5	0.003
Student assistance (a)	45.5	51.9	0.116
Assistance of a social worker	52.2	40.7	0.004
Physical therapist assistance	9.6	3.4	0.001
Pharmaceutical assistance (a)	80.9	77.8	0.338
Auxiliary nursing assistance	73.0	71.1	0.595
Nutritional assistance	1.7	2.2	0.628
Abandonment of the treatment	12.4	65.9	< 0.001

Source: data of the researchers.

(items) with significant coefficients and greater than 0.40 (between 0.41 and 0.78), factor ability indication of the matrix (**Table 2**).

The exploratory factor analysis of evaluation was made with the method of extraction of principal components and rotation. The index of Kaiser-Meyer-Olkin confirmed the appropriateness of the model for a factor (KMO = 0.957). In **Table 3** are the items with their respective factorials and loads the value of Cronbach's Alpha for the factorial end solution. The analysis showed a consistent aggregation of items following the theoretical construction

Table 2. Correlation matrix for items of service assessment, Natal/RN, Brazil, 2011 (n = 626).

n	Variables	1	2	3	4	5	6	7	8	9	10	11	12
1	Availability of anti-retroviral drugs and laboratory tests	1											
2	Physical Structure	, 606	1										
3	Respect the privacy	, 635	, 747	1									
4	Professional and user Relationship	, 655	, 788	, 763	1								
5	Timeliness of health professionals	, 701	, 588	, 673	, 685	1							
6	Opportunity to complain	, 603	, 588	, 580	, 631	, 674	1						
7	Quality of the shares received	, 740	, 664	, 645	, 709	, 717	, 645	1					
8	Support offered in the service	, 720	, 669	, 654	, 736	, 672	, 593	, 736	1				
9	Communication	, 828	, 673	, 707	, 750	, 763	, 637	, 814	, 786	1			
10	Ease of access	, 794	, 701	, 730	, 749	, 741	, 651	, 805	, 804	, 893	1		
11	Opening hours	, 902	, 670	, 704	, 727	, 772	, 672	, 822	, 799	, 918	, 887	1	
12	Greeting	, 539	, 470	, 442	, 470	, 486	, 416	, 521	, 541	, 625	, 599	, 616	1

Source: data of the researchers. *: Note all values are significant at $p < 0.001$.

Table 3. Categorization of satisfaction measurement indicators to evaluate the service, Natal/RN, Brazil, 2011 (n = 626).

Variables	1 factor Alpha = 0.963	
	M	H ²
Greeting	3.35	0.426
Opening hours	3.27	0.885
Ease of access	3.28	0.859
Communication	3.25	0.867
Support offered in the service	3.06	0.743
Quality of the shares received	3.11	0.763
Opportunity to complain	2.95	0.571
Punctuality	3.04	0.701
Professional and user relationship	2.99	0.732
Respect the privacy	2.94	0.668
Physical structure	2.90	0.646
Availability of anti-retroviral drugs and laboratory tests	3.35	0.748

Source: data of the researchers.

Table 4. Comparison between patients for the solution of the satisfaction evaluation measure, by origin, age and sex, Natal/RN, Brazil, 2011 (n = 626).

Variables	Satisfaction	t (p)
Origin		
Capital	3.70	21.98
Interior	2.58	(< 0.001)
Age		
< of 40 years	3.26	1.45
> of 40 years	3.16	(0.146)
Sex		
Male	3.17	1.61
Female	3.28	(0.107)

Source: data of the researchers.

of the scale. The factorial solution by a factor of approximately 71.7% of the explained variance.

A comparison between patients from the interior and from the capital to the solution of the satisfaction evaluation measure. For the final score was used the arithmetic of correlation item-total for the 12 items in the solution. **Table 4** presents comparisons between groups of patients by origin (and capital), age and gender. Only the origin presented significant difference for service assessment, coming from inside more dissatisfied.

Discussions

Evaluate a service is something complex, being one of the main features of the importance of the relationship between the service provider and the user, as well as the variation in the quality of the service provided [7, 8].

Services are intangible, being judged by performance and by the experiences lived by those who use them, at the same time are heterogeneous, with possibility of performance and different trials, as the provider and the user [9].

In this way, the relationship between expectations and perceptions of users relate as follows: when the expectations are smaller than perceptions, the perceived quality is good; When the expectations are the same as perceptions, the perceived quality is acceptable; When the expectations are greater than the perceptions, the perceived quality is bad [9].

The measure of satisfaction from customer service proved effective as a tool for the evaluation of health service, becoming a sensitive indicator of the service provided, the treatment adherence and health professionals-patient. This evaluation strategy is targeting to guide decision-making, as part of the planning and evaluation processes of these services [10].

From the calculation of the index of Kaiser-Meyer-Olkin (KMO), inspection of the correlation matrix of the items and Bartlett's sphericity test it was

found the measure of satisfaction indicators, these being: to availability of anti-retroviral drugs and laboratory tests, physical structure, respect for privacy, relationships, timing, opportunity to complain about quality of actions received support offered, communication, ease of access, opening hours and host [9].

Factorial structure similar previously has been identified in a study developed in the same cultural context. The dimension that is more associated with the perception of quality of care according to patient satisfaction presented as main indicators regarding aspects affective behavior and communication skills of the service provider. These items presented high loads factorials [11].

According to the Joint Commission Accreditation of Healthcare Organizations (JCAHO) one can describe as the indicator measuring the performance of functions, systems or processes, as well as the statistical value that indicates the condition or direction of the performance of a process or reach a goal over time [12]. The indicators measure qualitative and/or quantitative relating to the environment, the structure, the processes and the results [13].

In a study developed by the Hospital Management Core of Associação Paulista de Medicina (NAGEH) Universidade Federal de São Paulo (USP) presented the main indicators of satisfaction of outpatient and domiciliary care users, these are the most prevalent: communication, ease of access, and the host, front evaluation of the quality of the service, corroborating with the findings of the survey. However, the study also highlights how big indicator ambivalence, the amount of employees, because the deficiency of manpower in health services entails an unsatisfactory assistance against the needs of the population [14].

The analysis of the data, the present study showed a higher incidence statistical indicators for the measurement of satisfaction, which was confirmed by reliability calculated from the coefficient

of Cronbach's alpha ($\alpha > 0.8$). So, ease of access, opening hours and reception indicators of higher incidence statistics.

The findings of the survey are consistent with a study developed by Universidade Federal do Rio Grande do Sul, Brazil's primary health attention with 354 users. The same denotes that the highest incidence indicators for the measurement of satisfaction were the physical structure, timeliness, ease of access, and access times [15].

In research conducted in Rio de Janeiro for the evaluation of outpatient assistance to persons with HIV/AIDS according to the vision of users, form the indicators: perception of physical space, access/use, the waiting time for care and service perception in general [16].

In this study it was possible to observe that in held in Rio de Janeiro, was rated positively the reception and quality of clinical medical and social services, access to services, purchase of condoms and medicines and the ease to make queries. However, negatively, were highlighted the delay in receiving test results, waiting time for an appointment to return, long stay in the waiting room for consultation, physical structure uncomfortable and difficulty in getting care at another referenced service [16].

Already in a specific service of these users, the pre-test counseling in testing and counseling centers, also located in Rio de Janeiro, Brazil, that was rated according to its infrastructure, host, relationship-health professional UI enhancements and territoriality, access and availability. In this study, 58.1% of respondents reported being very satisfied with the service and 38.7% satisfied. Although found a high rate of satisfaction, was also found complaints about the structural and procedural aspects that demand attention and commitment to improving the quality of service provided [17].

In another reality, the availed user satisfaction on the specialty HIV/AIDS service in five districts of the province, in South Africa, getting a random 975

sample for patients. User satisfaction is measured through indicators: medical assistance relation with respect to procedures, cleaning of premises, privacy while conducting the examinations, so confidentiality medical records, health information on HIV/AIDS, the opportunity to ask questions, language used during the consultations, ease in opening hours, respect demonstrated by nurses, information provided by nurses in attendance, before the query wait time [18].

This study shows a slight variation in the choice of indicators for the medical of user satisfaction, however showed that some of them even being used in cultural realities and socioeconomics do not change.

This study showed that there were differences between the service user satisfaction resident in inland cities and the capital, being the patients from the inside with a greater number of hospitalizations and an extensive history of abandonment of the treatment. Related to the location of the study, we can infer that this fact is related to a lower offer specialized care in HIV/AIDS in the municipalities of the interior, the State capital, where is located the State reference service for infect-contagious diseases. Which reflects the effective follow-up of these patients, as many to be met must travel hours until they came to the specialist services.

In another study carried out also in a State of the Northeast region, showed that the multiprofessional team work is still in deficit, often being the minimum satisfactory and team with a shortage of professionals. Users have reported the importance of the integral and interdisciplinary care entering the biomedical model still prevails rooted culturally centered in health care and in conducting examinations and procedures. In this way, the organization of work influence directly in the identification and resolution of problems related to the service user, reflecting his satisfaction [19].

In this sense, the use of databases is a successful and effective experience in analyzing, monitoring

and presentation of the results of health services indicators in ambulatory, assisting in the implementation of process improvements and assistance results [20].

In General, surveys that seek to assess user satisfaction have high rates of satisfaction, as evidenced throughout the study, this phenomenon is termed as "high" fees and ends up compromising the validity of the studies, because it is hard to find a service with weaknesses, especially when it comes to services located in developing countries like Brazil. Authors ascribe this phenomenon to user difficulty in exhibiting negative reviews by feel grateful to the service [17].

However, even the user sending-if satisfied with the service provided, you can always be enhanced and improved, and the results as "unsatisfactory or inadequate" should be seen minutely as indicators relevant to the service [17].

Conclusions

From the data obtained in this study one can note that the main indicators listed for satisfaction of users to outpatient service for people living with aids: way to availability of anti-retroviral drugs and laboratory tests, physical structure, respect for privacy, relationships, timing, chance to complain, quality of actions received support offered, communication, ease of access, attendance and reception schedules.

This study showed that when evaluated the satisfaction of care in service specializing in aids, are more satisfied with the care the users residing in the capital at the expense of residents in municipalities also.

This study can contribute to improving the assistance provided to users of the unit, as well as encouraging the use of lightweight technologies in the process of care. In this way, it implies that the measurement of satisfaction of users' health practices becomes an important indicator, and one of the

most used to determine the health of a population and develop action strategies.

References

1. Gomes AMT, Silva EMP, Oliveira DC. Social representations of AIDS and their quotidian interfaces for people living with HIV. *Rev Latino-Am Enferm*. 2011; 19(3):485- 92.
2. Bonolo PF. Gender differences in non-adherence among Brazilian patients initiating antiretroviral therapy. *Clinics* [online]; 2013 [citado em 28 ago. 2015]; 68 (5): 612-20. Disponível em: <http://www.scielo.br/pdf/clin/v68n5/1807-5932-clin-68-05-612.pdf>
3. UNAIDS. A ONU e a resposta à aids no Brasil. [Online]; [2013 ou 2014]. [Citado em 28 ago. 2015]. Disponível em: <http://www.unaids.org.br/documentos/Aids%20by%20the%20numbersPORT.pdf>
4. Padoin SMM, Paula CC, Zuge SS, Langendorf, TF, Santos EEP, Primeira MR. Terapia antirretroviral del AIDS en adultos mayores de 50 años: prevalencia y clasificación de los no adherentes. *Enfer. Glob*. [Online]; 2013 [citado em 25 set 2015]; 12 (3): 68-76. Disponível em: <http://revistas.um.es/eglobal/article/view/151521/149821>
5. Palmisano L, Vella S. A brief history of antiretroviral therapy of HIV infection: success and challenges. *Ann Ist Super Sanita*. 2011; 47(1):44-8.
6. Tabachnick GB, Fidell LS. *Using multivariate statistics*. New York: HarperCollins. 1996.
7. Fonseca MG, Szwarcwald CL, Bastos FI. Análise sociodemográfica da epidemia de AIDS no Brasil, 1989-1997. *Rev Saúde Publica*. 2010;36 (6):678-85.
8. Milstein B, Homer J, Hirsch G. Analyzing national health reform strategies with a dynamic simulation model. *Am J Public Health*. 2010; 100(5):811-9.
9. Ernesto AS. Usefulness of pharmacy dispensing records in the evaluation of adherence to antiretroviral therapy in Brazilian children and adolescents. *Braz J Infect. Dis*. 2012; 16 (4): 315-20.
10. Paes NA, Silva CS, Figueiredo TMRM, Cardoso MAA, Lima JO. Satisfação dos usuários hipertensos com os serviços da rede de atenção primária no Brasil: um estudo de validação. *Rev. Panam Salud Publica* [online]; 2014 [citado em 28 ago. 2015]; 36 (2): 87-93. Disponível em: <http://www.scielosp.org/pdf/rpsp/v36n2/03.pdf>
11. Rocha GM, Machado CJ, Acúrcio FA, Guimaraes MDC. Monitoring adherence to antiretroviral treatment in Brazil: an urgent challenge. *Cad Saúde Pública*. 2011; 27(1): 67-78.
12. Steiner PA, Braga MCB, Steiner MTA. Hierarchy of Shopping Centers in the City of Curitiba, state of Paraná, Brazil. *Int J Comput Sci Netw Secur*. 2010; 10(5):198-207.

13. Tanaka OY, Tamaki EM. O papel da avaliação para a tomada de decisão na gestão dos serviços de saúde. *Ciênc. Saúde Colet.* 2012; 17(4):821-28.
14. Viacava F, Ugá MAD, Porto S, Laguardia J, Moreira RS. Avaliação do desempenho de Sistemas de Saúde: um modelo de análise. *Ciênc. saúde colet.* 2012; 17(4):921-34.
15. Carr-Hill RA. The measurement of patient satisfaction. *J Public Health Med.* 2010;14(3):236-249.
16. Gomes R, Silva CMFP, Deslandes SF, Souza ER. Avaliação da assistência ambulatorial a portadores de HIV/AIDS no Rio de Janeiro, segundo a visão de seus usuários. *Cad. Saúde Pública* [online]; 1999 [citado em 21 out 2015; 15(4):789-797. Disponível em: <http://www.scielo.br/pdf/csp/v15n4/1019.pdf>
17. Sobreira PGP, Vasconcellos MTL, Portela MC. Avaliação do processo de aconselhamento pré-teste nos Centros de Testagem e Aconselhamento (CTA) no Estado do Rio de Janeiro: a percepção dos usuários e profissionais de saúde. *Ciência & Saúde Coletiva.* [Online]; 2012 [citado em 27 out 2015]; 17(11):3099-3113. Disponível em: <http://www.scielosp.org/pdf/csc/v17n11/v17n11a25.pdf>
18. Wouters E, Heunis C, Rensburg DV, Meulemans H. Patient satisfaction with antiretroviral services at primary health-care facilities in the Free State, South Africa – a two-year study using four waves of cross-sectional data. *BMC Health Services Research* [online]; 2008 [Citado em 27 out 2015]; 8:210: 1-16. Disponível em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2575208/pdf/1472-6963-8-210.pdf>
19. Borges MJL, Sampaio AS, Gurgel IGD. Trabalho em equipe e interdisciplinaridade: desafios para a efetivação da integralidade na assistência ambulatorial às pessoas vivendo com HIV/Aids em Pernambuco. *Ciênc. Saúde colet.* [Online]; 2012 [citado em 28 ago. 2015]; 17(1):147-156. Disponível em: <http://www.scielo.br/pdf/csc/v17n1/a17v17n1.pdf>
20. Campos RTO, Campos GWS, Ferrer AL, Corrêa CRS, Madureira PR, Gama CAP, et al. *Rev. Saúde Pública.* Avaliação de estratégias inovadoras na organização da Atenção Primária à Saúde. [Online]; 2012 [citado em 28 ago. 2015]; 46(1):43-50. Disponível em: <http://www.scielosp.org/pdf/rsp/v46n1/2502.pdf>

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