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Reception and Risk Classification as Tools for Organizing Care Delivery in Public Health Services

Acolhimento e Classificação de Risco como Ferramentas para a Organização da Assistência no Atendimento em Saúde Pública

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Solange Alves da Silva
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina
priccf@gmail.com

Maria Cristina de Moura-Ferreira
Doutora em Enfermagem Fundamental pela USP - Ribeirão Preto, SP
Universidade Federal de Uberlândia - UFU
Uberlândia, MG, Brasil
mcmferreira@yahoo.com.br
https://orcid.org/0000-0002-2390-8607

Juliana Melo do Amaral Carvalho
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina

Marcella Furtado de Souza Moreira Zebral
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina

Thaita Thaisi Zago
Mestranda em Ciências Políticas
Universidad Europea del Atlantico da Espanha
Passo Fundo, Rio Grande do Sul, Brasil
thaitazago@gmail.com

Juliana Aparecida Pereira Ribeiro
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina

Oldair Donizete Galeni
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina

Milena Fabricio Rezende
Graduanda em Medicina
Universidade Federal de Uberlândia
Uberlândia, MG, Brasil
https://orcid.org/0000-0002-4584-9804
mi.fabricio.rezende@gmail.com

Maria Terezinha Gomes Ponte
Doutoranda em Saúde Pública pela UCES
Universidad de Ciencias Empresariales y Sociales (UCES)
Calle Paraguay, 1401, Buenos Aires – Argentina

Abstract

Reception and risk classification are essential strategies for organizing public health care by improving patient flow, prioritizing care according to clinical needs, and promoting equitable access to healthcare services. This study aimed to critically analyze the role of reception and risk classification as organizational tools for public health care delivery, emphasizing their contribution to healthcare accessibility, patient safety, equitable care, and service organization. This research was developed as a reflective, analytical, and critical academic essay based on the analysis of scientific publications and institutional documents addressing reception, risk classification, humanized care, primary health care, emergency care, health service management, and public health policies. The discussion highlights that reception and risk classification extend beyond patient prioritization by integrating humanized care, clinical decision-making, and healthcare organization. The findings also demonstrate that challenges such as overcrowding, workforce shortages, insufficient professional training, and fragmented healthcare networks may compromise the effectiveness of these strategies. Strengthening standardized protocols, continuous professional education, multidisciplinary collaboration, and integrated healthcare networks is essential for improving care quality, optimizing resource allocation, and ensuring equitable access to healthcare services. It is concluded that reception and risk classification represent strategic organizational tools for enhancing healthcare quality, patient safety, and the efficiency and sustainability of public health systems.

Keywords: Reception; Risk Classification; Public Health Care; Patient Safety.

Resumo

O acolhimento e a classificação de risco constituem estratégias essenciais para a organização da assistência em saúde pública, contribuindo para a qualificação do fluxo assistencial, a priorização do atendimento conforme a gravidade clínica e a promoção do acesso equitativo aos serviços de saúde. Este estudo teve como objetivo analisar criticamente o papel do acolhimento e da classificação de risco como ferramentas para a organização da assistência no atendimento em saúde pública, enfatizando sua contribuição para a acessibilidade, a segurança do paciente, a equidade e a organização dos serviços de saúde. Trata-se de um ensaio acadêmico de natureza reflexiva, analítica e crítica, desenvolvido a partir da análise de publicações científicas e documentos institucionais relacionados ao acolhimento, à classificação de risco, ao cuidado humanizado, à atenção primária à saúde, à atenção às urgências, à gestão dos serviços de saúde e às políticas públicas. A discussão evidencia que o acolhimento e a classificação de risco ultrapassam a simples priorização clínica, integrando humanização, tomada de decisão e organização da assistência. Além disso, desafios como superlotação, insuficiência de profissionais, necessidade de capacitação contínua e fragmentação das redes de atenção podem comprometer a efetividade dessas estratégias. Conclui-se que o fortalecimento de protocolos padronizados, da educação permanente, da atuação multiprofissional e da integração dos serviços é essencial para qualificar a assistência, ampliar a segurança do paciente e fortalecer sistemas públicos de saúde mais eficientes, equitativos e humanizados.

Palavras-chave: Acolhimento; Classificação de Risco; Saúde Pública; Segurança do Paciente.

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1. Introduction

Reception and risk classification have become fundamental strategies for organizing public health care by promoting timely access, improving patient flow, and ensuring that healthcare services respond to the clinical needs of individuals. Rather than prioritizing care based solely on the order of arrival, risk classification supports equitable healthcare delivery by allocating resources according to the severity of health conditions while reinforcing the principles of universality, comprehensiveness, and equity that guide public health systems (Brasil, 1990; Vieira et al., 2025).

The concept of reception extends beyond administrative admission and represents a humanized approach to healthcare based on qualified listening, effective communication, respect, and the recognition of users' needs. This approach contributes to strengthening therapeutic relationships, improving patient satisfaction, and promoting person-centered care. Within public health services, reception and risk classification complement each other by integrating humanization with clinical prioritization and healthcare organization (Brasil, 2017; Oliveira et al., 2025).

The implementation of reception and risk classification has become particularly relevant in emergency and urgent care settings, where increasing healthcare demand requires efficient resource management without compromising care quality or patient safety. Evidence indicates that standardized risk assessment protocols, qualified healthcare professionals, and multidisciplinary collaboration contribute to improving clinical decision-making, reducing waiting times, and enhancing the effectiveness of healthcare delivery (Andrade et al., 2022; Velho et al., 2024).

Despite their recognized importance, important challenges remain in implementing reception and risk classification across public health services. Overcrowding, workforce shortages, organizational limitations, insufficient professional training, and fragmented healthcare networks may compromise the consistency of risk assessment and the quality of patient care. Addressing these barriers is essential for strengthening healthcare organization while preserving the ethical and humanized principles that underpin equitable healthcare delivery (Sampaio et al., 2022; Martins, 2023).

Given the growing demand for efficient, equitable, and patient-centered healthcare services, critically examining the role of reception and risk classification in organizing public health care is both timely and necessary. This essay is justified by the importance of understanding how these strategies contribute to improving healthcare accessibility, patient safety, and service organization while supporting humanized care. Therefore, the objective of this study is to critically analyze the role of reception and risk classification as organizational tools for public health care delivery, emphasizing their contribution to

healthcare accessibility, patient safety, equitable care, and the strengthening of healthcare organization within public health systems.

2. Methodology

This study is characterized as an academic essay of a reflective, analytical, and critical nature on the role of reception and risk classification as organizational tools for care delivery in public health services. Academic essays enable theoretically grounded discussions on complex healthcare issues by integrating conceptual frameworks, scientific evidence, public policies, and diverse perspectives from the literature, thereby fostering a critical understanding of healthcare organization, patient flow management, humanized care, and equitable access to health services.

The development of this essay was based on the analysis and discussion of scientific publications and institutional documents addressing reception, risk classification, public health care, Primary Health Care, emergency care, healthcare organization, patient-centered care, healthcare accessibility, humanization, health service management, and public health policies. Institutional documents and technical guidelines published by national and international organizations, including the World Health Organization, the Pan American Health Organization, and the Brazilian Ministry of Health, were also considered because of their relevance in guiding healthcare organization, quality of care, patient safety, and equitable access to healthcare services.

The reflection was structured around thematic axes considered essential for understanding the contribution of reception and risk classification to the organization of public health care delivery. These axes include the conceptual foundations of reception and risk classification, the principles of humanized and patient-centered care, the role of risk assessment in healthcare prioritization, the organization of patient flow, equitable access to healthcare services, communication and multidisciplinary teamwork, patient safety, healthcare quality, the integration of Primary Health Care with healthcare networks, and the challenges associated with implementing effective reception and risk classification practices within public health systems.

The analytical process consisted of critically articulating theoretical contributions, scientific evidence, and public policies to identify how reception and risk classification contribute to improving healthcare organization, optimizing resource allocation, strengthening patient safety, and promoting equitable and humanized care. This interpretative approach enabled a broader understanding of the relationships among healthcare organization, multidisciplinary collaboration, healthcare accessibility, continuity of care, and the efficiency of public health services.

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Furthermore, this essay emphasizes that reception and risk classification extend beyond patient prioritization and represent essential organizational strategies for improving healthcare quality and ensuring equitable access to health services. Based on a critical examination of the available evidence, the study highlights the importance of strengthening humanized care, professional training, multidisciplinary collaboration, standardized risk assessment protocols, and patient-centered approaches as key strategies for enhancing the effectiveness, equity, and sustainability of public health care delivery.

3. Discussion

3.1 Reception and Risk Classification as Foundations for Organized and Humanized Public Health Care

Reception and risk classification represent fundamental organizational strategies for improving the quality, accessibility, and efficiency of public health services. Rather than functioning solely as mechanisms for prioritizing patient attendance, these practices promote equitable access by ensuring that healthcare is organized according to clinical needs while respecting the principles of universality, comprehensiveness, and equity that underpin the Brazilian public health system (Brasil, 1988; Brasil, 1990; Vieira et al., 2025).

The concept of reception extends beyond administrative admission and should be understood as a humanized approach that values active listening, respectful communication, and the establishment of trust between healthcare professionals and service users. This perspective strengthens patient-centered care by recognizing individual health needs, promoting comprehensive assessment, and fostering more responsive healthcare delivery (Oliveira et al., 2025; Santos & Nunes, 2022).

Risk classification complements the reception process by organizing patient flow according to the severity of clinical conditions rather than the order of arrival. This strategy contributes to patient safety, optimizes resource allocation, and reduces delays in the management of time-sensitive conditions. Consequently, healthcare services become more capable of responding efficiently to diverse clinical demands while maintaining fairness in access to care (Andrade et al., 2022; De Oliveira Santos et al., 2023).

Healthcare professionals, particularly nurses, play a central role in implementing reception and risk classification because they are responsible for clinical assessment, risk stratification, and the initial management of patients entering healthcare services. This responsibility requires technical competence, ethical judgment, effective communication, and clinical decision-making skills to ensure safe and equitable care. Continuous professional development is therefore essential for maintaining the quality and consistency of risk assessment practices (Sampaio et al., 2022; De Freitas Ribeiro et al., 2025).

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The successful implementation of reception and risk classification also depends on standardized protocols, multidisciplinary collaboration, and organizational integration across different levels of healthcare. Evidence suggests that consistent application of validated risk classification systems improves agreement among healthcare professionals, enhances care coordination, and supports more efficient management of healthcare demand, particularly in emergency and urgent care settings (Velho et al., 2024; Uchôa & Da Silva, 2023).

Beyond improving clinical prioritization, reception and risk classification contribute to strengthening humanization within public health services by promoting respectful interactions, transparency, and equitable decision-making. When integrated with comprehensive healthcare networks and supported by qualified professionals, these strategies enhance patient experiences, improve service organization, and reinforce the commitment of public health systems to delivering accessible, efficient, and person-centered care (Brasil, 2017; De Mello Correa et al., 2023; Bortoli, Serapioni, & Kovaleski, 2025).

3.2 Challenges in Implementing Reception and Risk Classification in Public Health Services

Despite its recognized importance, the implementation of reception and risk classification in public health services continues to face significant organizational and operational challenges. High patient demand, overcrowding, insufficient infrastructure, and shortages of healthcare professionals frequently compromise the effectiveness of these processes, limiting their ability to ensure timely, equitable, and high-quality care (Sampaio et al., 2022; Martins, 2023).

One of the main barriers involves the complexity of clinical decision-making during risk assessment. Healthcare professionals, particularly nurses, are required to rapidly evaluate patients, identify priority conditions, and make safe decisions under conditions of uncertainty and work overload. These circumstances may increase variability in clinical judgments and affect the consistency of risk classification, particularly in settings with limited institutional support (De Oliveira Santos et al., 2023; Velho et al., 2024).

The lack of standardized implementation and continuous professional training also represents an important challenge. Differences in institutional protocols, insufficient educational opportunities, and limited familiarity with risk classification systems may reduce the reliability of assessments and hinder the organization of patient flow. Ongoing professional development is therefore essential for strengthening clinical competencies and improving the quality of decision-making (De Almeida Estevão & De Sousa, 2025; Sampaio et al., 2022).

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Another critical issue concerns communication between healthcare professionals and service users. Delays in care resulting from clinical prioritization may generate dissatisfaction among patients who do not fully understand the objectives of risk classification. Transparent communication, active listening, and respectful interactions are therefore fundamental for increasing user acceptance, reducing conflicts, and reinforcing trust in healthcare services (De Mello Correa et al., 2022; De Mello Correa et al., 2023).

Challenges are also observed in the integration between reception and risk classification and other components of the healthcare network. Limited coordination between Primary Health Care, emergency services, and specialized care contributes to fragmented patient pathways, inappropriate use of emergency facilities, and difficulties in ensuring continuity of care. Strengthening healthcare networks is therefore essential for improving service organization and optimizing healthcare delivery (Pereira & Gouvea, 2025; Brasil, 2017).

Finally, achieving effective reception and risk classification requires balancing organizational efficiency with the principles of humanization and equity. While prioritizing patients according to clinical severity is essential for patient safety, healthcare professionals must also recognize social vulnerabilities, individual needs, and contextual factors that influence healthcare experiences.

Addressing these challenges requires supportive institutional policies, multidisciplinary collaboration, and continuous investment in workforce development to ensure that reception and risk classification fulfill their role as instruments of equitable and humanized public health care.

3.3 Strategies to Strengthen Reception and Risk Classification in Public Health Care

Strengthening reception and risk classification requires coordinated strategies that combine organizational improvements, workforce development, and person-centered approaches to healthcare delivery. These strategies should ensure that patient prioritization is guided by clinical needs while preserving the principles of equity, humanization, and comprehensive care that underpin public health systems. Integrating these elements contributes to more efficient service organization and improved healthcare quality (Brasil, 1990; Vieira et al., 2025).

Continuous professional education is one of the most effective approaches to improving the quality and consistency of reception and risk classification. Educational initiatives focused on clinical assessment, communication, ethical decision-making, and standardized risk assessment protocols enhance healthcare professionals' competencies and promote greater reliability in clinical prioritization. Interprofessional training further strengthens teamwork and facilitates coordinated responses to complex healthcare demands (De Almeida Estevão & De Sousa, 2025; De Freitas Ribeiro et al., 2025).

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The adoption of standardized protocols and evidence-based risk classification systems is another essential strategy for improving healthcare organization. Consistent implementation of validated assessment tools reduces variability in clinical decision-making, promotes patient safety, and contributes to more efficient allocation of healthcare resources. Standardization also facilitates communication among multidisciplinary teams and strengthens continuity of care across different healthcare settings (Velho et al., 2024; Andrade et al., 2022).

Strengthening the integration between Primary Health Care and emergency services is fundamental for optimizing patient flow and reducing unnecessary demand in urgent care facilities. Expanding the problem-solving capacity of Primary Health Care, improving referral and counter-referral mechanisms, and enhancing coordination across healthcare networks contribute to more appropriate utilization of health services and better continuity of care (Brasil, 2017; Pereira & Gouvea, 2025).

Humanized care should remain at the center of reception and risk classification practices. Active listening, respectful communication, empathy, and transparency regarding clinical prioritization strengthen the relationship between healthcare professionals and service users while improving patient satisfaction and trust in public health services. These practices reinforce that risk classification is not merely a technical procedure but also an opportunity to establish therapeutic relationships based on dignity and respect (Oliveira et al., 2025; Santos & Nunes, 2022).

Strengthening reception and risk classification depends on supportive public policies, effective governance, and continuous evaluation of healthcare services. Monitoring quality indicators, encouraging user participation, and investing in workforce qualification and healthcare infrastructure contribute to more resilient and responsive health systems.

By combining organizational efficiency with humanized and equitable care, reception and risk classification become strategic tools for improving healthcare accessibility, patient safety, and the overall performance of public health services (Bortoli, Serapioni, & Kovaleski, 2025; Brasil, 1988).

4. Final Considerations

Reception and risk classification have become essential components of public health care organization by promoting equitable access, improving patient flow, and strengthening the quality and safety of healthcare delivery. As discussed throughout this essay, these strategies extend beyond patient prioritization, representing fundamental elements of humanized care that support comprehensive assessment, timely intervention, and equitable allocation of healthcare resources according to clinical needs.

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The analysis demonstrated that the successful implementation of reception and risk classification depends on multiple organizational and professional factors. Challenges such as overcrowding, workforce shortages, insufficient infrastructure, variability in clinical decision-making, and fragmented healthcare networks continue to limit the effectiveness of these practices. Overcoming these barriers requires continuous investment in professional training, standardized protocols, multidisciplinary collaboration, and integrated healthcare services capable of ensuring continuity of care across different levels of the health system.

Furthermore, strengthening reception and risk classification requires preserving the principles of humanization, equity, and patient-centered care throughout the healthcare process. Effective communication, active listening, ethical decision-making, and respect for individual needs should accompany clinical prioritization to ensure that healthcare delivery remains responsive, respectful, and socially accountable. These elements reinforce public trust in healthcare services while contributing to better patient experiences and improved health outcomes.

Ultimately, reception and risk classification should be understood as strategic organizational tools for strengthening public health systems and improving healthcare quality. Their effectiveness depends on sustained public policies, supportive governance, continuous evaluation, and the commitment of healthcare professionals to evidence-based and humanized practice. Future research should continue to evaluate innovative approaches that enhance healthcare organization, optimize resource utilization, and expand equitable access to high-quality public health services.

References

ANDRADE, Juliana Souza et al. O papel do enfermeiro no acolhimento e classificação de risco no serviço hospitalar. *Research, Society and Development*, v. 11, n. 3, e7311325540, 2022.

BORTOLI, Francieli Regina; SERAPIONI, Mauro; KOVALESKI, Douglas Francisco. Efeitos da participação social sobre as políticas de promoção da equidade em saúde. *Physis: Revista de Saúde Coletiva*, v. 35, e350218, 2025.

BRASIL. Constituição (1988). *Constituição da República Federativa do Brasil de 1988*. Brasília, DF: Presidência da República, 1988.

BRASIL. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. *Diário Oficial da União*: Brasília, DF, 20 set. 1990.

BRASIL. Ministério da Saúde. *Política Nacional de Atenção Básica*. Brasília, DF: Ministério da Saúde, 2017.

CORDEIRO, Julia; DINIZ, Iris Helena Lapa. Interseccionalidade da violência de gênero no setor de saúde: desafios e impactos para mulheres no Sistema Único de Saúde. *Revista Atenas Higeia*, v. 7, n. 1, 2025.

DE ALMEIDA ESTEVÃO, Túlio; DE SOUSA, Milena Nunes Alves. Capacitação interprofissional sobre gestão da demanda, acolhimento e classificação de risco na Atenção Primária à Saúde. *Revista Eletrônica Acervo Saúde*, 2025.

DE FREITAS RIBEIRO, Fernanda Beatriz et al. Desenvolvimento de competências ético-morais na formação e na prática de enfermagem e saúde: revisão integrativa. *Revista de Enfermagem da UFSM*, v. 15, e3, 2025.

DE MELLO CORREA, João Victor et al. Percepção dos usuários sobre acolhimento e classificação de risco nas Unidades de Pronto Atendimento: revisão integrativa. *Revista Neurociências*, v. 30, p. 1-22, 2022.

DE MELLO CORREA, João Victor et al. Olhar dos usuários sobre o acolhimento e classificação de risco em uma Unidade de Pronto Atendimento. *Revista Neurociências*, v. 31, p. 1-16, 2023.

DE OLIVEIRA SANTOS, Willians Henrique et al. Atribuições do enfermeiro no acolhimento com classificação de risco nos serviços de urgência e emergência: um estudo de revisão integrativa. *Brazilian Journal of Implantology and Health Sciences*, v. 5, n. 5, p. 3556-3567, 2023.

FRANÇA, Vitória Nascimento; HABIBE, Rosilea Chain Hartung; DO NASCIMENTO, Kamila de Oliveira. Caminhos para a equidade no Sistema Único de Saúde: desafios e avanços das políticas de gênero. In: *Tudo é Ciência: Congresso Brasileiro de Ciências e Saberes Multidisciplinares*. [S.l.: s.n.], 2025.

LIMA, Valéria Vernaschi et al. Áreas de competência: núcleo e campo profissionais como eixos para a gestão e a formação na saúde. *Interface: Comunicação, Saúde, Educação*, v. 29, e240092, 2025.

MARTINS, Juliana Cordeiro. *Dificuldades vivenciadas por enfermeiros no acolhimento e classificação de risco: uma revisão integrativa*. 2023.

OLIVEIRA, Alex Jose Melo et al. *Fortalecimento do acolhimento humanizado na Atenção Primária à Saúde*. 2025.

PEREIRA, Isabela Antonio; GOUVEA, Pollyana Bortholazzi. Estudo da aplicação do acolhimento com classificação de risco frente às condições sensíveis à Atenção Primária em Unidade Básica de Saúde piloto de Navegantes-SC. *Anais do Seminário de Iniciação Científica da Universidade do Vale do Itajaí*, v. 24, 2025.

SAMPAIO, Raiane Antunes et al. Desafios no acolhimento com classificação de risco sob a ótica dos enfermeiros. *Cogitare Enfermagem*, v. 27, e80194, 2022.

SANTOS, Wagner Elias Pinheiro dos; NUNES, Caroline Jonas Rezaghi Ricomin. O acesso ao acolhimento e ao atendimento na Atenção Primária à Saúde: análise das principais normativas. *Health Residencies Journal*, 2022.

UCHÔA, Cristiane Costa; DA SILVA, Kesia Chaves. Acolhimento e classificação de risco: relato de experiência da classificação de risco em um hospital público do extremo norte do Tocantins. *Revista Extensão*, v. 7, n. 2, p. 17-23, 2023.

VELHO, Manuela Beatriz et al. Concordância interobservadores na implementação do acolhimento e classificação de risco em obstetrícia. *Revista Brasileira de Enfermagem*, v. 77, e20230361, 2024.

VIEIRA, Yasmin dos Santos Hipólito et al. Universalidade, integralidade e equidade: princípios e dilemas do Sistema Único de Saúde na atualidade. *ARACÊ*, v. 7, n. 10, e9048, 2025.