

DOI: <https://doi.org/10.36489/nursing.2020v23i268p4546-4561>

# User satisfaction as an indicator of quality in a family health strategy

**ABSTRACT** | Objective: To describe the satisfaction of the users of the health services of a Family Health Strategy, of a municipality in the state of Pará. Method: Descriptive field research, with qualitative approach. Data were collected through a semi-structured interview with 20 adult male and female users in September 2019. The content analysis followed Bardin's guidance. Results: Three thematic categories emerged from the study: Theme 1 - User satisfaction with access to care in the unit. Theme 2 - The satisfaction of users with the therapeutic care in the unit and Theme 3 - The satisfaction of users with interpersonal relations in the unit. Conclusion: Users are satisfied with accessibility and care in the unit; that they understand about their health problem and what should be done to control it; that interpersonal relationships are important for them to feel welcome.

**Keywords:** User Satisfaction; Family Health Strategy; Quality of Health Care; Access to Health Services.

**RESUMEN** | Objetivo: Describir la satisfacción de los usuarios de los servicios de salud de una Estrategia de Salud Familiar, de un municipio del estado de Pará. Método: Investigación de campo descriptiva, con enfoque cualitativo. Los datos se reunieron mediante una entrevista semiestructurada con 20 usuarios adultos de ambos sexos en septiembre de 2019. El análisis del contenido siguió la orientación de Bardin. Resultados: Del estudio surgieron tres categorías temáticas: Tema 1- Satisfacción del usuario con el acceso a la atención en la unidad. Tema 2 - La satisfacción de los usuarios con la atención terapéutica en la unidad y Tema 3 - La satisfacción de los usuarios con las relaciones interpersonales en la unidad. Conclusión: Los usuarios están satisfechos con la accesibilidad y la atención en la unidad; que comprenden su problema de salud y lo que se debe hacer para controlarlo; que las relaciones interpersonales son importantes para que se sientan bienvenidos.

**Palabras claves:** Satisfacción del usuario; Estrategia de salud familiar; Calidad de la atención médica; Acceso a los servicios de salud.

**RESUMO** | Objetivo: Descrever a satisfação dos usuários dos serviços de saúde de uma Estratégia Saúde da Família, de um município do estado do Pará. Método: Pesquisa de campo descritiva, com abordagem qualitativa. A coleta de dados se deu por meio de entrevista semiestructurada com 20 usuários homens e mulheres adultos, no mês de setembro de 2019. A análise de conteúdo seguiu orientação de Bardin. Resultados: Emergiram do estudo três categorias temáticas: Tema 1- A satisfação dos usuários com o acesso ao atendimento na unidade. Tema 2 - A Satisfação dos usuários com o atendimento terapêutico na unidade e o Tema 3 – A satisfação dos usuários com as relações interpessoais na unidade. Conclusão: Os usuários estão satisfeitos quanto acessibilidade e atendimento na unidade; que compreendem sobre seu problema de saúde e o que deve ser feito para seu controle; que as relações interpessoais são importantes para que se sintam bem acolhidos.

**Palavras-chaves:** Satisfação do usuário; Estratégia Saúde da Família; Qualidade da Assistência à Saúde; Acesso aos Serviços de Saúde.

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## INTRODUCTION

Satisfaction can be defined as the feeling of pleasure or disappointment resulting from comparing the performance expected by the product and / or service or result in relation to the person's expectations. Therefore, satisfaction is directly linked to the user's perception of high expectations for him, if the return offered by the service provided is less than expected, he will be dissatisfied, while, if expected, be satisfied and exceed his expectations, he will be highly satisfied.<sup>1</sup>

Silva<sup>2</sup> emphasizes that it is possible to learn from users about their needs, above all, to learn from them the best way to serve them, being the subjective dimension and their perception of the quality of care, essential to develop an equitable,

Received on: 06/26/2020

Approved on: 08/13/2020

fair health care system, inclusive, strengthening their citizenship, protagonism, their access to care and dignified health.

In Primary Health Care (PHC), studies on the evaluation of health services have pointed to the importance of analyzing the impact of care actions on the health conditions of the population and on user satisfaction, highlighting the importance of giving voice and possibility of participation as the diagnostic processes and action planning.<sup>3</sup>

To meet this expectation, the Federal Government created the National Program for Improving Access and Quality in Primary Care (Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica - PMAQ), with the main objective of expanding access and improving the quality of primary care.<sup>4</sup> This is important, since health has high costs and there is a need to enable equitable access to resources, which has directed efforts to seek objective evidence that health services are performed efficiently, at the same time, time they offer and improve the quality of patient care.<sup>5</sup>

It is noteworthy that user satisfaction directly influences the use of basic health services, directly impacting the prevention of the main health problems of the population, since primary care aims to avoid or minimize complications or preventable disease developments. However, socioeconomic factors overlap in most cases, because in different contexts users do not have the financial means to seek a private service, when they feel dissatisfied with public health services. Thus, evaluating satisfaction and presenting results can impact on improving the quality of service and contributing to public health.<sup>4,6</sup>

The study is justified because the users' satisfaction is an indicator of the quality of the services received by them, which can be studied and defined in terms of the expectations and the perception that the users have of the services received, aiming to contribute to the improvement of the system.<sup>7</sup> Its relevance lies in contribu-

ting to possible health care policies for the population that meet their expectations, reduce their anxiety and provide quality to the care offered. Thus, this study aimed to describe the satisfaction of users of health services in a Family Health Strategy Unit (ESF) in a municipality in the state of Pará, regarding the services received.



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#### METHOD

It is a descriptive field research with a qualitative approach. The study was carried out in a health unit of the Family Health Strategy, located in the urban area of a municipality in Pará. The unit is composed of a health team, administrative agents, oral health assistant and community health agents.

Participants were adult, male and female users present at the health unit for nursing care. Inclusion criteria were: men and women aged 18 to 60 years of regular control, without the presence of discomfort. From these patients, mental health and pregnant women were excluded. Patients were invited to participate in the research and the study objectives were clarified. The sample was defined by theoretical saturation. Data collection is considered saturated when no new elements are found and the addition of new information is no longer necessary, as it does not alter the understanding of the studied phenomenon.<sup>8</sup>

Data collection took place in September 2019, through a semi-structured interview in a private room. The interview was recorded with written authorization from the participants. There was no identification of them at any time, as they received pseudonyms of E1, E2 ... according to the order in which they were being interviewed. The interviews were transcribed in full.

Content analysis was carried out under the guidance of Bardin<sup>9</sup>, which proceeded in three main focuses: Pre-analysis: in this phase, the transcribed material was organized and the material was thoroughly read to familiarize itself with its content and identify the main ideas contained. The second phase: consisted of the exploration of the material, for this purpose synthesis tables were elaborated from the interview questions for a better visualization of the units of significant records for the study. This material constituted the body of analysis.

The third phase: the treatment of results, the frequency of the unit's records was verified, as well as the similarity of meaning considering the proposed objectives. Key words and phrases were coded with the same meaning that served as the basis for the thematic categorization. Thematic frameworks were created, which were described and discussed with authors who supported the research.

According to Resolution 466/12, whi-

ch establishes criteria for research involving human beings, its principles were respected, as well as all participants signed the Free and Informed Consent Form (ICF). Data collection started after approval by the Ethics and Research Committee (Comitê de Ética e Pesquisa - CEP) of the Centro Universitário Metropolitano da Amazônia UNIFAMAZ, under the CAAE Number: 14473719.6.0000.5701. Opinion number 3,421,581.

**RESULTS**

**DEMOGRAPHIC CHARACTERIZATION OF PARTICIPANTS**

The research participants were mostly women, single, aged predominantly between 31 and 50 years old, as shown in Table 1 below.

**THEMATIC CATEGORIES**

**THEME 1. USER SATISFACTION AS TO ACCESS TO SERVICE AT THE UNIT**

The perception of users regarding their accessibility and circulation in the unit's facilities, their care and reception, as well as their complaints about these aspects is presented. For this topic, we used the analysis of the frequency with which the units of records appeared about satisfaction with the above aspects, as shown in Table 2 below.

The perception of users participating in the study is that the unit is easily accessible in the region, although some participants are afraid to move to the unit too early, and that, according to them, they are vulnerable to assault or due to the characteristics of the region, which has a hot climate, making the journey tiring. As exemplified below.

E7 I don't think so, although I think I don't live that far. It is a little far, like this, we come from the group to the post sometimes at 5:30 am, an example, then we already think this time is dangerous.

E10 no, only when the sun is hot (laughs).

E12 no. The only difficulty I see is sometimes having to come early due to violence, assault.

As for its physical structure, as it is a small unit and signposted with signs on the service locations, it also has easy circulation, with no negative aspects or dissatisfaction regarding this being reported. To illustrate this statement, follow some statements by the participants:

E4 The paper with the names of each place on the door is already there, so it's easy.

E8 It is easy to find the rooms and the place is small here, it is not big.

However, the participants differ as to the place of waiting for consultation, the reception room, some claim to be comfortable, while others claim to be uncomfortable due to the heat of the environment. The following statements illustrate this information:

E2: Look, nowadays, there should be a ... Air conditioning, right, especially in the summer, right! Which is super hot. We don't even have a fan, do we? It was supposed to have that.

E8 It's comfortable: Yes E18 I don't think it's comfortable! Because here they should already have an air conditioner, as it already has in other units, I already went to other units and there is air (conditioning).

Regarding care at the unit, most participants (11) report that they were well attended, well received, have no complaints (10) and had their needs met (scheduling appointments).

Those who are satisfied with the service, inform that the service is accessible: when they need an appointment, even if

**Chart 1: Demographic Characterization of Participants**

SEXO	TOTAL	ESTADO CIVIL	TOTAL	IDADE	TOTAL
MASC	04	CASADO	04	18 - 30 ANOS	04
FEM	16	SOLTEIRO	11	31 - 40 ANOS	07
-	-	UNIÃO ESTÁVEL	03	41 - 50 ANOS	04
-	-	VIÚVO	02	51 - 60 ANOS	05

Source: Authors' Survey

**Chart 2. USER SATISFACTION WITH SERVICE AT THE UNIT**

INSTAL FÍSICAS ACESSIBIL	FQ*	ATENDIMENTO NA UNIDADE	FQ*	ACOLHIMENTO NA UNIDADE	FQ*
SIM	19	SIM	11	SIM	18
NÃO	01	NÃO	04	NÃO	-
EM PARTE	-	EM PARTE	05	EM PARTE	02
CONFORTO		ATENDIMENTO DE NECESSIDADES			
SIM	09	SIM	14		
NÃO	09	NÃO	01		
EM PARTE	02	EM PARTE	05		

Source: Authors' Survey (\*Frequency).

they are not scheduled, they get an "arrangement"; that when carrying out exams they need not worry, because when they are ready they are notified or delivered to their home. In addition, they are well attended by administrative staff, the doctor and the nurse. As exemplified below:

E1 Yes, I like the service of the doctor as much as the nurse

E3 I am satisfied, when we want an appointment, the agenda comes, we can, sometimes they have the "arrangement", you know. When we can't get the record, you know, when it's possible it's because it is, when it's not possible it's because it isn't, there are a lot of people, it has been of great help to patients, sometimes when the patient arrives who doesn't get the record, take the "arrangement".

E5 Yes, because at least I can get it fast, you know, the service here with me, and they receive me very well.

However, some participants are partially satisfied (5) or are not satisfied (4), and have some complaints regarding this service. They point out as the cause of their dissatisfaction mainly, the delay in being attended at the unit, that is, in entering to be consulted, but when they arrive at the consultation they feel satisfied with the professional service. They also

point out basic structural aspects, such as, for example, in relation to bathroom hygiene, the lack of drinking fountain and water, as observed in the statements that represent such dissatisfaction:

E6 Look, no, to be honest, not because of the delay, even though I have a special son, my wait is very long, I think it's bad in that part. Why, given that he is a priority, why does it take so long to attend? Look, my daughter brought an ultrasound that was supposed to hit her already, they haven't delivered this result yet, it's been over a month, so I'm not satisfied with the delay, so it's not okay in that part.

E15 Yeah, it takes ... but what pays off is how ... it's how we enter the room and get treated, but it sucks we stay for an hour, a century is bad, but it pays off when we come in for a consultation and it is well treated, but it takes time, it takes time.

E10 It's the bathroom, it's horrible, it's disgusting, I think it's bad.

As for meeting their needs, the majority (14) of the participants considered yes and five (5) in parts. This is because they had their objective achieved, to make a medical appointment, however, those who reported it in part is related to pro-

blems with tests or medications, as exemplified below:

E8 yes, certainly, my son's problem, the first time I came here with him, the problem was solved.

E10 yes. My biggest problem when I come here is because of my prescription, to take my medicine. I got the prescription and I didn't get the medicine.

E19 Yes, yes, here ... about health, it is good for me, but thank God, what I want, I can get it. One that was taking too long, which was the prostate, I was already in agony, so I told Dr., then I did a private appointment and brought it to her, she gave me some medicine and I had to take it.

Subtheme 1.1 What you like best and what you dislike most

In the context of this theme, the participants pointed out events that please and dislike the service of the unit. In this subcategory, the frequency classification was used on what they like and dislike, as shown in Table 3 below:

Among the aspects that most please the participants, is the availability and attention of the employees who receive them at the unit and schedule their appointments with attention, availability to serve them and guide them regarding their service; then professional attention, especially from the doctor, with awareness in solving your problem. This can be observed for example:

E2 The availability of the attendants, to be ... as far as possible to attend to what is within their reach, whatever they have for them.

E10 the way they serve, always with such good will, there are posts that we go to that the people are so hard-faced.

**Chart 3: What users like and dislike most**

AGRADA	FQ*	DESAGRADA	FQ*
DISPONIBILIDADE E EDUCAÇÃO DOS ATENDENTES	13	FALTA DE ATENÇÃO DOS FUNCIONÁRIOS	07
ATENÇÃO PROFISSIONAL	05	ATENDIMENTOS FORA DA AGENDA	04
ACESSO A MEDICAÇÃO	01	SER ENCAMINHADA PARA ATENDIMENTO EM OUTRA UNIDADE	03
ATENDIMENTO POR ORDEM DE CHEGADA	01	DEMORA PARA SER ATENDIDA OU FALTA DO MÉDICO	04
		OUTROS	02

Source: Authors' research. (\*Frequency)

Among the aspects that most disgrace are: lack of attention from employees, out-of-hours consultation which causes the waiting period to increase, especially when people are in the priority group (children, pregnant women and the elderly), another aspect what dislike is the lack of medication to be dispensed in the unit; the waiting time to get medical attention or the absence of the doctor; in addition, they find it difficult to make appointments with specialists and dental care, both in terms of how they are attended and the number of visits, which, according to them, are insufficient for the unit's demand. Some of these statements are exemplified below:

E2 What I dislike is having a customer service, apart from the appointments already planned, right? Like this ... there's for children, right? There are for pregnant women and people like the elderly ... there should be a day for demands, there is no consultation like ... because every day there are those people who want an appointment, so I think if there was, ... an exclusive day for these people, I think I would even remove the "arrangements", because the person would say: "I need an appointment, oh but now I already have a certain day!" and on other days it would only deal with complications, because sometimes the person feels pain, right? Then the guy will not be evaluated, then he will make an appointment .... The lack of a day for routine people, I think that is what is missing.

E10 when they don't have my medication. That I'm not well.

E12 most of the time yes, it was due to specialized consultations, I had to resort to other means that was not here.

E18 is the dental part, very few places for many people, if

someone is missing, no one is replaced, no one is put in the place of the person who was missing. It doesn't have it, it's missing. Absurd!

E20 When I get here and sometimes I am not attended, because sometimes I have an appointment and the doctor does not come, I don't like it, and there are several times that happens, right?

After describing the satisfaction of users participating in the research with the care provided at the unit, their satisfaction with the therapeutic care at the unit is described below.

## THEME 2. USER SATISFACTION AS THERAPEUTIC SERVICE AT THE UNIT

This theme includes satisfaction with meeting their needs in relation to the problems that led users to the unit. In this category, the meaning classification of the record units was used, for which significant portions of the record units are highlighted in table 4 in the appendix.

Users participating in the study report that they understand about their health problem, mainly related to medical diagnosis and tests to be performed. In this sense, they know how to identify their medical diagnosis, what they must do to control their problem, such as, for example, blood pressure at normal levels, whether blood glucose due to diabetes. This explanation is given either by the doctor, or by the nurse, or even by the nutritionist when it comes to following a certain diet, for example. Sometimes they are frightened by a certain diagnosis, but they are calmed down with the appropriate explanations and guidance from the professionals who attend them. However, they are not satisfied when the explanation of their health is superficial and they have to ask questions to feel enlightened. As exemplified below:

E3 Look, I came because of diabetes, when I found out, ... I went into despair, people said that if the person did not take care of themselves, they would die soon, ... but thank God, the doctor talked to me, calmed me down, I'm taking medicine today, and thank God I'm going to live many, many years.

E7 It's because like that, there was a type of bacteria in my preventive exam and the doctor just said that she had given a bacterium, so I had to ask her some questions, what type of bacteria is it? she didn't really explain what it was... I asked that question, she just said it caused an inflammation... she didn't say anything else.

E17 Look, I came because of hypertension and diabetes, the doctor talked to me, I'm taking medication today, and thank God everything is fine.

Regarding the request for exams, of the 20 participating users, twelve (12) had exams requested in the last three months, however, of these users, the majority (7) reported difficulties in performing them, such as the delay in scheduling exams, including routines, what they understand, which should be scheduled sooner, as they would have agility for their diagnosis and treatment.

E12 as I am a woman I think that the preventive result takes longer and it is better when there is the result to be able to go with the doctor, I think, the result takes a long time.

E13 it took a little while for them to schedule the exam, ... now we have to bring the appointment in 15 to 20 days, ... it is not right.

Regarding the prescribed medication, they are satisfied with the guidance that

is generally given by the doctor or nurse, understanding how they should use it and its importance for the control of their health problem, as well as, they are satisfied when these medications are removed from the unit. They point out as dissatisfaction, the lack of medication that must be dispensed by the unit, which occurs frequently. Participants who did not know how to respond were due to not having prescribed medication, only other care, such as diet and dressings, for example.

E1 sometimes I have difficulty, because there is no medication

E20 the only complaint I have here is that 3 months ago I was buying my medicine, and I need to use this medicine.

The third theme to be addressed next, deals with the satisfaction of these participating users with the interpersonal relationship in the unit.

### THEME 3. USER SATISFACTION WITH INTERPERSONAL RELATIONS IN THE UNIT

It addresses aspects related to satisfaction in interpersonal relationships in the unit with health professionals, with the community agent and administrative employees. For this, we used the classification of meaning presented by the units of records, as shown in table 5 in the appendix.

The participants' statements demonstrate that the health professionals who care for them, in general, have a good interpersonal relationship with them, emphasizing the doctor, the nurse, the dentist, the nursing technician and the community health agent, the last two, specify with names or with an indication of the sector where they work and thus differentiating from others. They point out as indicators of this satisfaction, attention to service, cordiality, ease of conversation. The following statements exemplify the care provided by health professionals.

E1..., the doctor, the nursing techniques, the dentist as well, all of them are normal, the service is 10.

E5 With the doctor. I talk to her, she explains and talks to me, and she understands me.

E14 They are attentive, in no hurry or anything, because in a very clear way, they are not ... how can I say ...

As for the health worker, those who are satisfied (11) claim a good and accessible relationship, those who are not satisfied (9) claim their absence, miss a visit or report that they only deliver exams at the door of the residence, or they don't even know who their health worker is. As noted in the following statements:

E1 Look, it's more about the visits. The CHA does not make routine visits.

E13 I did have a complaint, from my health agent, because when I needed it she bailedo one me three times, but I was talking to her, she got better, although I don't need to be chasing after her, right? But it leaves a lot to be desired, so that has to change.

In relation to the administrative staff of the unit, this satisfaction is more evident, especially with certain reception staff, this satisfaction has as indicators the politeness, cordiality, attention to the service they provide when looking for the unit, as well as resolving their care. It was also emphasized that even when it is not possible to solve their problem immediately, they are satisfied when this denial is made with politeness and affection. As exemplified:

E6 the guy at the counter, he listens calmly, explains what the agent asks, he's cool.

E12 With D ... Because he is a person who always finds a

way to help in what I come to do, always as far as possible he finds a way, even the way to say no, is polite...

However, 12 of the 20 participating users, reported dissatisfaction at some point in their care, related to the procedure to be performed by the professional, which due to its nature, causes embarrassment, such as oral problems or Pap smear collection, or for the manner or attitude that the professional presents to the person, how to treat him rudely, with a lack of attention to his needs, in both cases, dental care is what causes less satisfaction, as shown in table 6 in the appendix and exemplified next:

E16 So ... that I ... because I don't go to the dentist a lot, the dentist's staff is not intimate, the times I went I was treated, but I am not intimate. It's not like the nursing staff.

### DISCUSSION

Theme - 1 reveals the satisfaction of participating users with the accessibility and structure of the unit. It should be noted, important points for the continuous improvement to be offered to users. In this sense, it is pertinent to emphasize that the climate of the northern region is equatorial, that is, hot and humid with high temperatures and humidity almost all year round.<sup>10</sup> Therefore, it is understood that different public policies are necessary for this population, understanding the need for minimum comfort in terms of waiting places and care for these people.

The health relationship with climatic conditions is emphasized, it is known that the human being is homeothermic, with a body temperature between 36 and 37°C, when these values fall, hypothermia occurs, with several negative responses from the body that tries to compensate this situation. When this temperature rises, hyperthermia occurs and above 37°C,

there are responses such as: sweat, vasodilation that lead to discomfort.<sup>11</sup> In this sense, it is understood the dissatisfaction of these users who await service in a room without air conditioning in a hot and humid climate.

It is important to highlight the polysemy of the word access, understood from the user's ability to seek and obtain health care, to the availability of health care resources taking into account their ability to produce services. Accessibility is characteristic of health resources and populations, in the process of seeking and obtaining health care. Thus, it is understood that accessibility is the universe around and the interface between availability and access to health services.<sup>12</sup>

As for the aspects that most please and those that disagree, it is highlighted that being satisfied with the services offered in the public health network, is linked to different dimensions that encompass not only technical quality, but the attention received and affective presence in relationships, that is, the relational quality, among other aspects. The cordial way in which the user is treated by the team members is revealed to be a central issue for judging the quality of the FHS, which was found in this study, thus corroborating with these authors, even surpassing the technical quality.<sup>13</sup>

However, waiting for care is commonplace in the user's journey to health care in Brazil. The long wait for attending consultations in the PHC was often reported by users as a reason for dissatisfaction. Waiting to be served, in addition to generating dissatisfaction, causes the user a feeling of harm in relation to the right of access to health.<sup>14</sup>

Theme 2 reveals the satisfaction of participating users, meeting their needs in relation to the problems that led users to the unit. The results of this theme, point to the observance, in part, of the integral assistance to the SUS user assistance, as provided for in Art.7.<sup>15</sup> Comprehensiveness is a set of services performed by the health team that meet the needs of the

population in the fields of care, health promotion and maintenance, prevention of diseases and conditions, healing, rehabilitation, harm reduction and palliative care. It includes accountability for the provision of services at other points of health care, among other aspects, and management necessary for these purposes<sup>16</sup>.



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The satisfaction of the users of the services is also verified and is closely linked to their adherence to the treatment, the doctor-patient relationship and the greater adequacy in the use of the service<sup>17</sup>, corroborating with the results found. In addition, according to the SUS concept, the care model must be geared to the needs of the population. It is likely that users look to health services for something or some action by health professionals that resolves, or at least minimizes, the problem that led them to seek that service.<sup>14</sup>

Theme 3 presents the satisfaction of interpersonal relationships in the unit with health professionals and administrative employees. The results are in line with a study on user satisfaction conducted in Fortaleza, in which the investigated users demonstrated satisfaction in relation to the quality of care received by health professionals at the Family Health Center (FHC), in relation to how they are attended at the reception and by the other employees of the Center, or by the service provided by the professionals of Superior level that compose the Unit. The cordial way in which the user is treated by the team members seems to be a central issue for judging the quality in the FHS, surpassing, even the technical quality as perceived by them. The results of the study, reiterate, that in addition to the technique, this broader attention and focused not only on the biomedical aspects, are aspects considered as a dimension of quality of care.<sup>13</sup>

These are aspects that refer to humanization in terms of intersubjective relations that are processed in practices. Humanization implies: welcoming, empathy, presence and dialogue, allowing openness to the other, bringing the mark of human interconnection, giving way to the word (of the user and other actors involved in the care process) in order to enable a network of dialogue, which can recreate and promote health actions based on the ethical dignity of the word, respect, mutual recognition and solidarity.<sup>13</sup>

It is worth mentioning that the ab-

sence of visits by the community health agent, evidenced in the participants' statements, hurts one of the most important effects of the creation of the Family Health Program in 1994, implemented since 1997, which brought with it a principle of care model focused on families, operated in the municipalities and relying on light technology with high resolving capacity. Since then, the federal executive branch has induced the adoption of public policies that decentralize PHC practices, ensuring their quality.<sup>18</sup>

Thus, the Family Health Strategy, proposed by the Health Ministry (Ministério da Saúde - MS) incorporates and reaffirms the principles of the single health system (Sistema único de saúde - SUS) and is structured with an emphasis on primary health care, especially family health. They aim to increase the population's access to health services and comprehensive care provided to individuals and population groups.<sup>19</sup>

## CONCLUSION

When identifying user satisfaction regarding accessibility to health services in the FHS, it was observed that users consider the unit to be easily accessible in the region; signposted with signs on the service places facilitating circulation, only differing as to the place of waiting for consultation, the reception room, which they consider uncomfortable due to the heat of the environment.

Satisfaction about meeting their health needs and expectations, in this sense, the results showed that they know how to identify their medical diagnosis, what they should do to control their health problem, and they learned this from the doctor or the nurse. They are, in general, well attended, and well received, and had their needs met regarding the scheduling of consultations.

As for the interpersonal relationships with the professionals who provide care in this unit, they emphasize that they are well attended by health professionals. In relation to the unit's administrative employees, this satisfaction is more evident. However, they feel dissatisfied with the absence of the community health worker.

Therefore, based on user satisfaction, quality indicators are observed: accessibility, welcoming, meeting their needs and expectations; interpersonal relationships regarding attention to care, cordiality, ease of conversation, education in dealing.

The results presented corroborate that the evaluation of user satisfaction is an important indicator for the continuous improvement of services, which can be based on strategies to face local difficulties, how to serve as a parameter for public policies aimed at the region and, thus, improve health care for this population. 🐦

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