User satisfaction with health centers in Coari, Amazonas, Brazil

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Abstract

This study analyzed the quality of care in health centers in Coari, Amazonas, Brazil. This is a descriptive, quantitative, and evaluative research that used a validated questionnaire from the 2015 National Health Services Evaluation Survey. Data were collected in three centers in the second half of 2016. The results show that most interviewees were female, married, 40 years of age or older, self-declared as brown, with high school degree and low income, living in the urban area. Users considered the reception service in the units good, but were dissatisfied with the availability of medicines. Regarding cleanliness of the environment, the percentages ranged from good to fair, and the physical structure of health facilities was considered good.

Keywords: Humanization of assistance. Patient satisfaction. Health evaluation.

Resumo

Satisfação de usuários das unidades de saúde em Coari, Amazonas

Este trabalho analisou a qualidade da atenção em unidades básicas de saúde de Coari, Amazonas, Brasil. Trata-se de estudo descritivo, quantitativo, de caráter avaliativo, que utilizou questionário validado do Programa Nacional de Avaliação de Serviços de Saúde de 2015. Os dados foram coletados em três unidades, no segundo semestre de 2016. Os resultados apontam que a maioria dos entrevistados era do sexo feminino, casada, com 40 anos de idade ou mais, autodeclarada parda, com ensino médio completo, moradora da área urbana e de baixa renda. O atendimento na recepção foi considerado bom, mas os usuários se mostraram insatisfeitos com a disponibilidade de medicamentos. Na avaliação da limpeza do ambiente, as porcentagens ficaram entre bom e regular, e a estrutura física dos estabelecimentos de saúde foi considerada boa.

Palavras-chave: Humanização da assistência. Satisfação do paciente. Avaliação em saúde.

Resumen

Satisfacción de usuarios de las unidades de salud de Coari, Amazonas, Brasil

Este estudio analizó la calidad de la atención ofrecida por las unidades básicas de salud de Coari, Amazonas, Brasil. Se trata de una investigación cuantitativa, descriptiva y evaluativa, que utilizó el cuestionario validado del Programa Nacional de Evaluación de Servicios de Salud 2015. Se recolectaron los datos en tres unidades, en el segundo semestre del 2016. Los resultados indicaron que la mayoría de los encuestados eran mujeres, casadas, con 40 años o más de edad, autodeclaradas pardas, con la secundaria completa, residentes en la zona urbana y de bajos ingresos. Los usuarios consideraron el servicio de recepción bueno, pero no estaban satisfechos con la falta de disponibilidad de medicamentos. En cuanto a la limpieza del ambiente, los porcentajes quedaron entre bueno y regular, y la estructura de los establecimientos de salud se evaluó como buena.

Palabras clave: Humanización de la atención. Satisfacción del paciente. Evaluación en salud.

Research

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Evaluation is an important step to review and reorient health actions. It is a fundamental tool that must be incorporated to improve the system. Its objective is to verify the efficiency of structures, processes and results, considering vulnerabilities in health services accessibility and citizen satisfaction [1]. Quality of care is indispensable, and can be judged by ascertaining, among other aspects, users' contentment – an indirect item of assessment, but important for planning services [2].

Satisfaction can be understood as the comparison between users' experience and expectations regarding the performance and quality of the system, and evaluating it implies pointing out difficulties both in communication with the health service network and in the continuity and integrality in healthcare [3]. When expectations are not met, the consequence is dissatisfaction, which can lead users to abandon treatment or, when they can afford to, seek the private system [3].

The degree of patient satisfaction or dissatisfaction is related to factors such as type of service, equipment, medicines, infrastructure and materials, indoor ventilation and comfort. Contentment is the true attribute of the idea of quality and should be seen as an objective in itself, not as a means of getting the individual to agree with the treatment [4].

Improving care from the point of view of satisfaction indicates respect for the dignity of the subjects and generates effective information for management [5]. Thus, managers and workers can measure more accurately the real needs of patients, seeking to continuously develop services and work processes that can satisfy them. In this sense, this study assesses user satisfaction with the care offered in the health centers of the Family Health Strategy in the city of Coari, Amazonas, Brazil.

Method

This is a descriptive, quantitative, evaluative study, based on the National Health Services Evaluation Program (PNASS) [6], proposed by the Ministry of Health in 2004. The focus of the research is the questionnaire for the evaluation of user satisfaction, an instrument with closed questions that clarifies the contentment with the assistance received. The model assesses the following dimensions: structure, process, result, production of care, risk management and patient satisfaction.

The tool covers the users' sociodemographic profile (age, gender, education, color, occupation, marital status and family income) and health service access variables (reception service, politeness, respect and interest of healthcare professionals, medical team service, availability of medicines and cleanliness of the environment, ethics in service and evaluation of facilities).

The interviewers received prior training and their performance was evaluated in a pilot study, which is essential for fieldwork. Its purpose was to test the questionnaire and train the interviewers to collect data, seeking to define the most appropriate approach for the population studied. The participants struggled to understand some terms of the instrument, which led the researchers to think of alternatives to explain the concepts.

Data were collected in Coari, Amazonas, Brazil, between October and December 2016, in three health centers (UBS): Dona Luzia Tenório, in the Santa Helena neighborhood (less privileged area); Ribeirinha, in the Tauá-Mirim neighborhood (rural area); and Chico Enfermeiro, in the Chagas Aguiar neighborhood (more privileged area). The participants were informed about the research objective and signed an informed consent form. A total of 329 users over 18 years old were interviewed in sessions with an average duration of 30-35 minutes.

We used absolute and relative frequency (%) in the analysis, and excluded interviews with participants who were unable or failed to provide some information. The database was organized using Microsoft Office Excel version 2010, and the variables analyzed with software Minitab 14, SPSS 20 and Epi Info 7.

The study was approved by the research ethics committee of the Amazonas State University and by the Municipal Health Secretariat of Coari. The anonymity and confidentiality of the information was guaranteed as recommended by the Resolution of the National Health Council 466/2012 [7].

Results

A total of 329 users answered the questionnaire: 122 (37.1%) from UBS Dona Luzia Tenório, 129 (39.2%) from UBS Chico Enfermeiro, and 78 (23.7%) from UBS Ribeirinha. Most of the interviewees (78.4%) were female, 40 years old or older (28.9%), married (33.7%) and brown (67.9%). As for their level of education, 28.3% had completed high school. Most of the participants (76.3%) came from the urban area, and 46.3% declared they had an income below one minimum wage (Table 1).

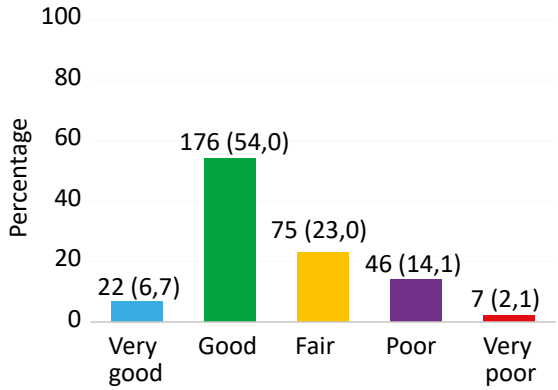
Table 1. Sociodemographic and economic characteristics of the health centers users (Coari, Amazonas, Brazil, 2016)

Characteristic	n	%
Gender		
Male	71	21.6
Female	258	78.4
Age group		
Under 19 years	41	12.5
20-24 years	56	17.0
25-29 years	66	20.1
30-34 years	35	10.6
35-39 years	36	10.9
40 years or older	95	28.9
Marital status		
Married	111	33.7
Single	93	28.3
Widowed	18	5.5
Divorced	4	1.2
Separated	6	1.8
Common-Law marriage	97	29.5
Skin color		
White	49	15.1
Black	36	11.1
Yellow	11	3.4
Brown	220	67.9
Indigenous	8	2.5
Does not know/did not answer*	5	–
Education		
Illiterate	21	6.4
Literate	31	9.4
Incomplete elementary school	87	26.4
Elementary school	21	6.4
Incomplete high school	47	14.3
High school	93	28.3
Incomplete college	17	5.2
College	8	2.4
Specialization/residency	4	1.2
Family income		
No income	74	22.6
Under one minimum wage	152	46.3
1-2 minimum wages	89	27.1
2-5 minimum wages	12	3.7
5-10 minimum wages	1	0.3
Does not know/did not answer*	1	–
Area		
Urban	251	76.3
Rural	78	23.7

**Frequency shown, but not included in the analysis*

As for patient satisfaction, good evaluations were prevalent in most indicators. When asked about the reception service, 6.7% rated it as very good, 54% as good, 23% as fair, 14.1% as poor, and 2.1% as very poor (Graph 1). Three participants did not answer.

Graph 1. Evaluation of reception service in health centers (Coari, Amazonas, Brazil, 2016)



In the answers regarding education, respect and interest shown by the medical team, 79% of users considered that the professionals were polite, 80.2% answered that they were respectful, and 62.6% interested. As for the service, 61.7% considered it good. As for the availability of medicines, 47.7% were dissatisfied, evaluating this aspect of the service as very poor. Regarding the cleanliness of the environment, two percentages were almost equal: good (42.6%) and fair (41.6%) (Table 2).

When asked about the ethical behavior of healthcare professionals, 52.4% of the participants considered this aspect of the service to be good; however, a considerable percentage rated it as fair (29.3%) and poor (8.5%) (Graph 2). Twenty-two respondents did not answer this question.

In the evaluation of centers, 3.4% of the participants rated the structure and functioning as very good, and 42.5% as good; 37.8% considered these aspects to be fair, 12.3% poor, and 4% very poor (Graph 3). These last opinions, which account for 54.1% of the total responses, indicate great dissatisfaction. Four respondents did not answer this question.

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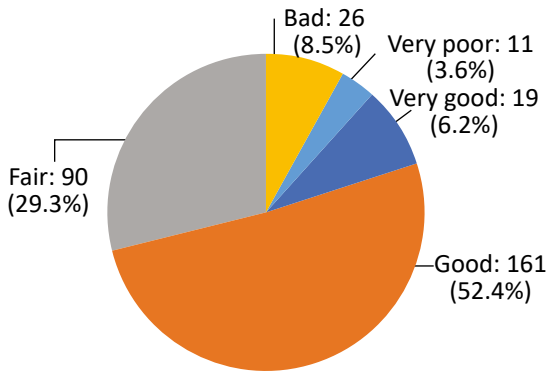
Table 2. User satisfaction with the health centers (Coari, Amazonas, Brazil, 2016)

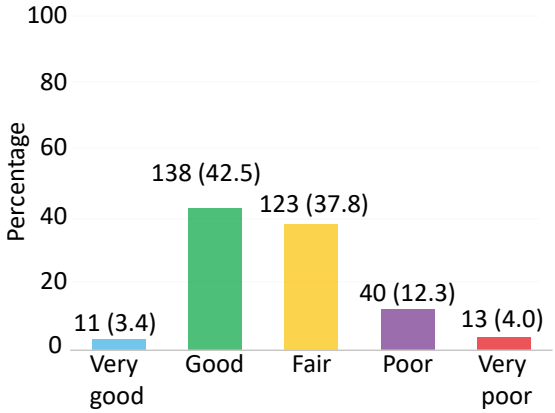
Characteristic	n	%
Were healthcare professionals polite?		
Yes	260	79.0
No	69	21.0
Were healthcare professionals respectful?		
Yes	264	80.2
No	65	19.8
Were healthcare professionals interested?		
Yes	206	62.6
No	123	37.4
Team service		
Very good	30	9.1
Good	203	61.7
Fair	79	24.0
Poor	12	3.7
Very poor	5	1.5
Availability of medicines		
Very good	5	1.5
Good	31	9.5
Fair	51	15.6
Poor	84	25.7
Very poor	156	47.7
Does not know/did not answer*	2	–
Cleanliness of environment		
Very good	4	1.2
Good	140	42.6
Fair	137	41.6
Poor	36	10.9
Very poor	12	3.7

** Frequency shown, but not included in the analysis*

Graph 2. Ethics of healthcare professionals in the basic health centers (Coari, Amazonas, Brazil, 2016)



Graph 3. Evaluation of the structure and functioning of the health centers (Coari, Amazonas, Brazil, 2016)



Discussion

In the sample of other studies on user satisfaction with health centers[4,6], women, high school education and "married" marital status also predominated. An interesting sociodemographic finding is that, according to Gouveia[8], users of the Brazilian Unified Health System (SUS) with low education tend to evaluate the system positively, while people with high education evaluate it negatively.

Regarding users' understanding of the role of UBS, Garnelo and collaborators[9], in a survey conducted in 2012 for the National Program for Improving Access and Quality of Primary Health Care in Amazonas, pointed out that some users interpret access to the system as a right, while others see it as a concession. The latter did not feel entitled to demand anything better and showed gratitude for the assistance. The same researchers found that, although many users gave low marks when evaluating care, others tended to give high marks to the service lest the UBS be closed[9].

Other questions can be raised: could it be that Coari's delicate political situation at the time of the survey, with turnover of mayors and health secretaries, generated some discomfort in people, who, fearing retaliation, felt uncomfortable to speak openly? Is it possible that users with higher education have more knowledge about healthcare as a right, while those with low education have a less clear notion of free access? Or is it that, precisely because the low-income population knows that the service is free, the popular saying in the city "what is free, nobody can complain, because it is granted" applies? Further research should look into these issues in more depth.

The survey also found that the units were sought mostly by the less privileged population,

which confirms other studies [10,11]. Most SUS users belong to low-income strata, and socioeconomic factors are decisive in the use of these services. It follows that public assistance, based on the principle of social justice, continues to promote quality of life for the poorest.

In our study, a considerable percentage of respondents judged the ethics of healthcare professionals as only fair. Ethical problems in care are considered situations that generate discomfort or damage to the assistance, the patient or their family [11], for example when a healthcare professional exposes the patient's health condition to third parties, which can lead to treatment abandonment. Montenegro and collaborators [12] identified as main ethical problems those related to user exposure, prejudice and discrimination. In addition to confidentiality, Nunes [13], in a study with nurses in Portugal, pointed out conflicts related to end-of-life monitoring and respect for human rights.

Confidentiality of information is essential. Listening must be qualified, corresponding to the demands of care, from reception until discharge. Welcoming denotes the healthcare providers' attitude, commitment and responsibility towards the patient's health needs [14]. Such a posture should facilitate care, not neglect it, including diversity to encourage new ways of caring and organizing care [15]. In this regard, Coari's UBS users seem to be satisfied.

As for politeness, respect and interest shown by the medical team, most respondents were satisfied, which agrees with PNASS [1] results. The way in which the healthcare professional assists users is important, as poor service dehumanizes the relationship, generating disinterest and dissatisfaction [14]. Therefore, the degree of patient contentment tends to relate more to the reception offered than to the health technologies and the team's technical skills. It is essential for patients to have a friendly and caring attitude from professionals who demonstrate understanding the needs of the moment [16].

Porto, Schierholt and Costa [17] note that health providers persistently identify the patients' desire to be heard, perceived and recognized. Users aim for a relationship that prioritizes more trivial aspects of human communication, and not just technical training. Therefore, subjective elements must be considered when assessing the quality of care. A good relationship with the patients, which is fundamental for their satisfaction, requires comprehensive care, centered on respect for subjectivity and the individuals' expectations. Thus, for health professionals, commitment, adequate training, ethical behavior and the ability to deal with consultation time, as well as good service infrastructure, are essential [18].

In our study, users positively evaluated the cleanliness of the environments, corroborating the results of Santiago and collaborators [19]. This indicator complies with the recommendations of the Charter of Rights of Health Users [20], which guarantees citizens the basic right to enter the public health system with dignity. According to this document, the patient must await care in a protected, clean and ventilated place, with drinking water and available toilets, without cigarette smoke and alcoholic beverages, contributing to the well-being of all [20].

The availability of medicines in the centers was the most poorly assessed dimension. This scarcity, one of the main problems of care in Coari at the time, compromised disease prevention and control and treatment continuity. The problem is compounded by the fact that most UBS users come from low-income strata, unable to afford the costs of purchasing medicines.

Under the principle of integrality, SUS guarantees actions to promote health, disease prevention, dignified treatment and rehabilitation, ensuring every citizen the right to obtain the medication they need for free. Brazil is undergoing an accelerated demographic transition, characterized by the spread of chronic conditions. In this context, pharmaceutical services play an important role, considering that one of the nine global goals to control chronic non-communicable diseases is to guarantee 80% availability of basic technologies and essential drugs, since the appropriate pharmacological treatment significantly reduces morbidity and mortality [21].

Studies have found low availability of key medicines [22] and, in the absence of the necessary medicine, the most common approach adopted by doctors is to analyze the possibility of replacing it or referring the patient to the Brazilian Popular Pharmacy Program. But Nascimento and collaborators [21] point out that this program provides free of charge only nine of the 50 continuous-use drugs assessed. The authors also highlight that the North and Northeast regions have less availability of medicines and head pharmacists, exclusive refrigerators, and cabinets with keys to store drugs [21].

According to Helfer and collaborators [22], the compromise of free access to medicines, especially those of continuous use, can lead to treatment

abandonment and health complications, damage the family budget and, consequently, increase expenses with outpatient care and hospitalizations. This a serious issue, since, as stated, only the public system provides access to the medicines needed by most users.

As for the structure of the centers, a relevant percentage of respondents considered it to be only fair, but most evaluations were positive. This finding may result from the low expectations regarding the service, as shown in another study that suggests this relationship [23]. Considering the raw data, we observed that users were satisfied with the services offered by SUS, even in the midst of the health care crisis faced by the city of Coari in 2016.

Final considerations

From the results obtained, we identified that the users were satisfied with the service provided by the medical teams of the three centers surveyed. However, the data showed that most respondents had only completed high school and earned on average less than a minimum wage, which may have influenced the results due to lower expectations in relation to services and unawareness of basic rights.

The factor of greatest dissatisfaction was the lack of medicines, which impairs actions to prevent and control chronic non-communicable diseases, leading users to wander in search of medication in other centers. This problem may also be related to the setbacks that lead the rural population to seek care at the city's headquarters. On the other hand, regarding the UBS material conditions (cleanliness of toilets, corridors, reception, waiting rooms and consulting rooms), the survey participants were satisfied.

Hopefully, this study will contribute to transform and improve the quality of care for users of the health centers in Coari.

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Participation of the authors

Ana Felisa Hurtado Guerrero idealized the project, participated in the critical review of the article and supervised the research. Ana Possidonio Alves, Gilmara Lima Libório and Joziane Vieira de Freitas idealized the project and collected and organized the data. José Camilo Hurtado Guerrero analyzed the data, interpreted the results and collaborated in the critical review of the text. All authors wrote the article.

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