

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Satisfação dos usuários da estratégia de saúde da família em um município pólo em saúde/RN

Satisfaction of users of family health strategy in a pole in county health / RN

Satisfacción de los usuarios de la familia de la estrategia de salud en un polo de salud del condado / RN

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ABSTRACT

Objective: To evaluate the user satisfaction of the family health strategy in Santa Cruz / RN and analyze the implantation consequences of PSF in the health of the local population. **Method:** It was conducted an exploratory descriptive study with qualitative boarding, with data obtained from structured interview applied on users in the period October 2010 to September 2011. **Results:** High levels of satisfaction in relation to access, waiting time, service and infrastructure, in addition to significant dissatisfaction related to the marking of examinations and participation of the population in the management of the unit. **Conclusion:** It is suggested improvements in the integration of UBS with other levels of care, and the implementation of projects that make the active population within units. **Descriptors:** Program evaluation and health projects, Research on health services, family health program.

RESUMO

Objetivo: Avaliar a satisfação dos usuários da estratégia de saúde da família no município de Santa Cruz / RN e analisar as consequências da implantação do PSF na saúde da população local. **Método:** Realizou-se um estudo descritivo exploratório de natureza quantitativa, com dados obtidos a partir de roteiro de entrevista estruturado aplicado em usuários, no período de outubro de 2010 a setembro de 2011. **Resultados:** Elevados índices de satisfação em relação ao acesso, tempo de espera, atendimento e infraestrutura, além de insatisfação significativa relacionada com a marcação de exames e participação da população na gestão da unidade. **Conclusão:** Sugere-se melhorias na integração das UBS com os outros níveis de atenção, e a implantação de projetos que tornem a população ativa dentro das unidades. **Descritores:** Avaliação de programas e projetos de saúde, Pesquisa sobre serviços de saúde, Programa saúde da família.

RESUMEN

Objetivo: Evaluar la satisfacción de los usuarios de la estrategia de salud de la familia en el municipio de Santa Cruz / RN y analizar las consecuencias de la implantación del PSF en la salud de la población local. **Método:** se realizó un estudio descriptivo exploratorio de abordaje cualitativo, con datos obtenidos de un itinerario de entrevistas estructurado aplicado a los usuarios, en el período de Octubre 2010 a Septiembre 2011. **Resultados:** Altos índices de satisfacción en relación al acceso, tiempo de espera, atendimento e infraestrutura, además de la insatisfacción significativa relacionada con la marcación de exámenes y la participación de la población en la gestión de la unidad. **Conclusión:** Se sugieren mejoras en la integración de las UBS con los otros niveles de atención, y la implementación de proyectos que tornan la población activa dentro de las unidades. **Descriptor:** Evaluación de programas y proyectos de salud, Investigación sobre servicios de salud, Programa de salud familiar.

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INTRODUCTION

The Family Health Program (PSF) is a strategy that prioritizes the promotion actions, protection and recovery of individual's health and the family, from the newborn to the elderly, healthy or sick of integral and continuous way.¹

In this way, the Family Health Strategy reaffirms the basic principles of the SUS, namely: universality, equity, decentralization, integrity and community involvement. The strengthening of the latter within the SUS is of fundamental importance, because it assumes a conception of user on the system, and its competence to assess and intervene, modifying it as needed.

Despite an attempt to reorganize the basic attention, the PSF did not solve all the problems of health of the population, since previous problems as difficulty of access to care and lack of professionals who support the demand of the community still persist. What generates barriers since the scheduling appointments until the completion of exams that require reference of the health unit. Worth noting also user complaints regarding the difficulty of inclusion in the program due primarily to limitations in its coverage area, and oversight of professionals with regard to preventive actions that generate benefits and quality of life to the community.² Given this, the quality assessment of care becomes an important tool of management, planning and improvement of the SUS health actions.

Making mention of the evaluation of the health services by questioning users, this has been a practice widely used and valued, as it allows not only the constitution of a sensitive indicator of the quality of the service, as is also potentially related to a greater appropriateness in the use of the service.³

Thus, this study has huge relevance, because the evaluation of policies and programs is essential in public health, since it contributes to efforts in search of a healthier society and can assist in prevention of waste of resources by implementing ineffective programs.

OBJECTIVES

This study aims to evaluate the satisfaction of users of the family health strategy in Santa Cruz/RN and analyze its consequences on the population health.

METHOD

This is an exploratory descriptive study of quantitative nature, carried out in the period from October 2010 to September 2011. The study population was users belonging to the area of 10 family health teams of Santa Cruz city; Municipality located in Brazil, 115 km

from the state capital Natal, with approximately 36,477 inhabitants and land area of 624.390 km².

Sampling of the group was stratified random, the selection of the subjects was made through lottery so commensurate with the real distribution of users by 10 teams of ESF, each team was named by a letter from A - J. Were used the following inclusion criteria: a) accepted to participate on the search as volunteers; b) signing a free informed consent on the part of the participants; c) be greater than 18 years, and exclusion: not signing the consent form; and, those who voluntarily wished to step aside during the collection period. After, was obtained a final sample of 932 participants, representing about 11% of the studied population, being: 90 users of A team, 31 of B, 80 of C, 101 D, 100 of E, 130 of F, 100 of G, 98 of H, 102 of I and 100 of J team. Data were collected through home visits to registered users in the program, and in their own health units.

For the study realization was used an itinerary by structured interview of quantitative nature. The applied interview in the users contemplated the following indicators for evaluation: Perceptions about the benefits of the Family Health Strategy; Listening and reception on the part of the professionals of the team; Waiting time available for attendance; Location of services; Information Access; Long dismissed by professionals; Sufficient and clear information provided by professionals and Infrastructure (physical appearance; availability of medicines; availability of exam collection; availability for procedures).

The data collected were analyzed and in this article are represented in the analysis of the results with respect to the indicators referred to in the interview, later classified in satisfactory and unsatisfactory, resulting in users' opinion about the service offered by your local health units.

The project was submitted to the Committee of Ethics in Research (CEP) at the Federal University of Rio Grande do Norte, under protocol number 127/10 and CAAEE 0144.0.051.000-10. All participants involved in the study were informed about the willingness and, after understanding the research and agree to join it, was asked to sign the free and clarified consent form. To ensure the anonymity of the participants, their names were replaced by numbers.

RESULTS

Demographic Characterization of Users.

The sample of 932 users was formed mainly of 86% women, with age range of 18 to 30 years (45%), with racial predominance of individuals mulatto (48%), married (43%), of the catholic religion (71%). In relation to the education level, 40% had completed high school. The data will be better displayed in the table below.

Table 1- Socio demographic Characterization of users of the ESF; Santa Cruz/RN, 2011

Socio demographic Characterization	N°	%
Sex		
Female	802	86
Male	130	14
Age group		
18-30	428	45
31-50	385	41
51-70	87	9
71-90	32	5
Color		
Mulattos	399	42
Whites	452	48
Blacks	81	9
Marital Status		
Single	392	42
Married	404	43
Consensual Union	125	13
Widowers	11	7
Religion		
Catholics	666	71
Evangelicals	265	28
Without religion	1	1
Education		
None	56	6
Incomplete Elementary School	241	25
Complete Elementary School	110	12
Incomplete High School	59	6,3
Complete High School	374	40
Incomplete Higher Education	90	10
Complete Higher Education	2	0,2
Income		
None	244	26
Up to 1 salary	624	66
2-3 salaries	62	7
4-5 salaries	01	0,1
Above 5 salaries	01	0,1
Occupation / work		
Housewives	425	45
Farmer	110	11
Students	80	9
Retirees	17	2
Other services	300	32
Total	932	100

Perception on the PSF

When asked about changes in the health service of the city after the implantation of the PSF and the changes in terms of health attention in relation to the previously existing system, 88% of respondents feel that the program has brought progress according to the table 2.

Table 2 - Users opinion about changes in health services; Santa Cruz/RN, 2011

Users opinion	N°	%
Brought changes	822	88
Did not bring changes	110	12
Total	932	100

After analysis of the interview data, it was possible to verify the users satisfaction in many ways after the change of health attention. The answers were separated according to

the satisfaction degree of users in relation to each indicator assessed by questionnaire. Such information will be better illustrated in the table below.

Table 3 - User satisfaction and perception of the health Unit; Santa Cruz/RN, 2011

Users satisfaction	Satisfied (%)	Dissatisfied (%)
Unit access	71	29
Time since the first query to the attendance	66	34
Time in the waiting room	46	54
Waiting time to be serviced	88	12
Acolhimento / Host	59	41
Information access	91	9
Professional-user relationship	75	25
Attendance facility	57	43
Infrastructure	65	35
Medicines availability	63	39
Schedule exams facility	54	46
Vaccines and bandages availability	68	32

DISCUSSION

The importance of PSF

It was realized in respondents speech an advancement in the quality of health care for the presence of professionals in their community

The program action, generally, is valued from a series of improvements introduced in the lives of the residents of the neighborhood and/or served areas, among them, the presence of a health clinic and Community Health Agents - ACS.⁴ Being the program, in fact, much more identified from its materialization in a Health Clinic and in the actions of its professionals. Other studies^{1,5} show a positive impact on health - when compared populations served and not served by the PSF in different counties - as the significant reduction in infant mortality rates, post neonatal and neonatal; decrease in births with low weight; increased rates of prenatal coverage.

Unit's relationship with users

It is known that the waiting time for appointments in the Brazilian public service still remains very high. The practice of waking up in early in the morning to get a spot has decreased, but was not eliminated.⁴

It is observed in the studied health units the existence of a discrepancy in relation to the time when the query was selected, and the day of the service, this is by virtue of UBS's of the municipality to work through scheduled and spontaneous demand. What causes the time in relation to the marking/scheduling and service vary, depending on the health program or service that the user is seeking at the moment.

The reception can still be considered as a preponderant factor of care in health services, because it is perceived as a work strategy and posture in the face of attention to user's needs by ensuring the universal access, improving the relationship between health

worker and user. The reception is a fundamental process in establishing the link between the health team and the family. In the precepts of the National Policy of Humanization, reception implies the worker attitude before the user receipt from the arrival at the health service, the user expect the team may express their worries and anxieties, listening their complains and grievances. It should be noted that the service reception, objective to improve the service host entry of users to health services, to humanize relations between professionals and users, divert the disease focus to the subject, improve the team work with integration and complementarily of activities, increase the responsibility of health professionals, in addition to raising the degree of bond and trust between them.⁶

The reception translates the subject mobilization involved in all aspects of relationships that are established in the health area. It is necessary to recognize in the proposal SUS strategies a way to exercise the right to the universal access, in order to conquer the integrality and equity of assistance in health services in the public sector.⁷

According to the analyzed data, it was observed that users are well informed by health professionals; receive satisfactory guidelines about the pathology and treatment, in addition to satisfaction in the medicines distribution, vaccines, dressings, marking of clinical examinations and other procedures performed on the unit. The technical quality of care means requirements and concrete expectations of time, quality, safety and warranty with an efficient return system available with regard to user and community problems.⁸

As regards the professional dimension, was a considerable level of satisfaction related to the time; sufficient and clear information; implication of solutions search; quality or competence; effectiveness of service and availability of health professionals that meet on the local. Worth pointing out that the satisfaction of users with the services of the Family Health Strategy was also singled out in a similar study conducted in RN.⁵ On the other hand, problems have been reported on the efficaciousness of the assistance offered to the users in the family health units, as low clinic resolution and large repressed demand, in another study similar to this one.⁹

The large portion of users considers good customer service offered by the ESF, as well as the relationship of professionals with the population. However the medical professionals and ACS are the ones that feature a better evaluation by users.

Alluding to the efficaciousness of attendance in UBS, it has been found that, after the service, the nursing professionals are the ones who have solved the problems of users.

Users of the Family Health Program expressed a high degree of satisfaction regarding the relational dimension, in all of its attributes: respect, consideration, listening, understanding, hospitality and kindness by the professionals of the team, therefore, about the quality of health professionals,¹⁰ which corroborates the present study.

The quality of care can also be compromised not only by the work of the health team, as well as the obstacles that exist between the worker and the user, are also observed internal conflicts among members of the same team, hindering or minimizing the quality of care, as well as also can see that the physical and architectural barriers are inserted into a margin of difficulties of access of users to the units.

Although the reality of the physical structures of UBS is not used as a main focus of study, analyzing architectural barriers, the physical space of various units is inadequate for the care, compromising user satisfaction and the service quality provided by the healthcare

professional. Public health services are, for many times, with precarious infrastructure, endangering the whole process of work and discouraging users and the professionals who serve them.¹¹

The need for a greater users participation in the unit management sets up a worrying situation for the absence, since the community participation in building a common assistance project, as well as the deployment of strategies for social control, are references to the teams work of the PSF in the effectuation of the SUS.¹²

It is important to highlight that participation, understood as the use of health services, maybe could be explained also by the work of encouraging the attendance of the population to health units. It is worth remembering that the link between staff and users has positive aspects such as reliability and credibility and also negative as explore technical and professional limits, requiring professional skills of avoiding personal exhibitions.¹³

Satisfaction

In general, there is evidence that 75% of users are satisfied with the ESF in the municipality of Santa Cruz-RN.

It is worth pointing out that in Brazil the largest indices of satisfaction of users regarding health service provided are found in the southern region, while in the Northeast these numbers are the smallest found in the country.¹⁴ This study, however, did not corroborate the fact stated in the research cited, which shows high level of satisfaction in a municipality in the northeast of Brazil.

Based on the evidence that the service has provided improvement in user's health, it was found a fairly high percentage of satisfaction, compatible with similar study.¹⁰ The fact may be explained by the low expectations of people in relation to public health services, as a consequence of the access difficulty, because the simple fact of being attended can already produce satisfaction.¹⁵ Another factor responsible for the high user satisfaction, especially public health services, is the bias of gratitude, which correlated with the reluctance to express negative opinions, both for fear of losing access to the service, and the dependency to professionals.¹⁰

CONCLUSION

Considering the results, the research showed that users covered by the ESF in the municipality of Santa Cruz/RN are preponderantly women, white, married, Catholic, and belong to the age group of 18 to 30 years old.

Users are satisfied, in its vast majority, with the implementation of the ESF in their community, making clear that changes and improvements in primary health service are linked to the arrival of professionals and deployment of UBS in the municipality. The study, thus, reveals high levels of satisfaction in relation to access, waiting time, service and infrastructure of UBS's evaluated, which demonstrates a clear acceptance to the services provided to the community by local health strategy.

It is important to note that low expectation of population in relation to public health services and the reluctance to express negative opinions, either for fear of being harmed in attendance, either in gratitude to the team, can explain the high satisfaction index checked in the study. The analysis of similar surveys shows satisfaction indices similar to this, which corroborates this evidence.

The evaluation of users was even informative to show difficulties in service related to the marking of examinations and poor participation of the population in the management of the unit. It is suggested improvements in the integration of local ESF with other levels of care and the implementation of projects to bring the population into UBS, becoming active in the development of strategies for improvements to the health of the community.

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Received on: 25/04/2013
Required for review: No
Approved on: 17/11/2013
Published on: 01/04/2014

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