



Original Article

User Satisfaction with the Public Oral Health Services in the Different Dimensions of Health Care

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Abstract

Objective: To verify user satisfaction with the public oral health services in its different dimensions of care and relate them to the socioeconomic and demographic conditions.

Material and Methods: Cross-sectional survey, developed with users interviewed of the public oral health services under the Primary Health Care of a Brazilian city (n=461). The associations of satisfaction with the socioeconomic and demographic conditions were analyzed using the chi-square test. Questions concerning satisfaction with the service were grouped into five domains - 'physical structure', 'relation and communication', 'information and support', 'health care' and 'organization of services' - analyzed using the *Kruskal-Wallis Test*. **Results:** Elderly individuals with low education and male, tended to be more satisfied with the services. The users reported being satisfied with the service, that were unhappy, referred to the time and the form to schedule a consultation, the time expected to be attended and the resolving capacity of oral health problems, as the causes. The overall satisfaction index was 0.8. The top rated domains were 'physical structure' (0.9) and 'relation and communication' (0.85). The 'service organization' domain received the worst evaluation (0.71) and when compared to the others domain presenting a significant difference. The 'physical structure' domain was significantly highlighted from the domains of 'oral health care' (0.78) and 'information and support' (0.78). The 'relation and communication' domain, also significantly excelled over the areas of 'oral health care'. **Conclusion:** The users rated the aspects of health care in a very positive way. The areas of highest user satisfaction were 'physical structure' and 'relation and communication'. However, the need for directing production processes in health became evident, especially regarding the organization of services, the domain with the worst rating.

Keywords: Dental Health Services; Oral Health; Primary Health Care.

Introduction

In recent years, ensuring the quality of health services has become a constant concern of the political state of the world, regardless of the level of economic development and health care adopted by different countries [1-10]. In an attempt to implement, model and manage a health system with greater social control toward the needs and concerns of the population, comes the relevance of obtaining denser knowledge on the part of managers and governments regarding the level of user satisfaction.

The quality of health services presents a multidimensional concept, and is considered a dynamic complex process, conditioned by historical, cultural, political, social and institutional context factors [1,3,11], and is therefore difficult to measure [12]. Although the literature does not expose universal consensus on the most appropriate method to determine the quality of health services [3,4,12], for many authors [3,11-16], the assessment by user satisfaction is one of the tools that can better exploit its various dimensions.

Satisfaction can be seen in the response that the users have beyond the context [11], process and overall outcome of their experience related to a service [17]. He still points out that satisfaction must be an evaluative measure always considered in the process of improving health services, because it is able of positively inferring results and state of health; allows the evaluation of important communication components between professionals and users; besides implying a judgment on the characteristics of services to provide essential information in order to complete and balance the quality of care [11].

Through the analysis of the perception of individuals who use health services, it is possible to understand and address problems arising from actions, practices and developments in health, with a view to its improvement and re-dimensioning [6,8,10,13,16,18]. Thus, to consider the user evaluation is critical to the planning and management of health services, both for the technical aspect in the evaluation field, as well as support for the political debate on public health.

The World Health Organization has shown great interest in the evaluation of health services, while encouraging the development of strategies that exploit the user satisfaction in regard to different aspects of health services, mainly covering the non-clinical aspects of quality of care [19]. These aspects include, among other dimensions, access, infrastructure, user-provider interaction, professional competence and results in terms of health [6-8,10,14,15,19] and are considered of fundamental significance to all human beings, regardless of culture, gender and age [19].

Aware that the evaluation of health services is a necessary condition for the improvement of their quality, Brazilian governments have increasingly invested in this aspect. Like the PMAQ-AB - National Program for Improving Access and Quality of Primary Care, instituted since 2011, which proposes a set of strategies for qualification, monitoring and evaluation of the work of health teams, with a view to make changes in practices of the services, according to the characteristics expected for Primary Health Care [PHC] and local and regional potentialities; impact on the health status of the

population; promote the development of workers; orienting services according to users' needs and satisfaction, and encouraging the production of a monitoring and self-assessment culture [2,20].

However, specifically regarding public oral health attention, in the context of Primary Health Care (PHC), o PMAQ-AB doesn't develop specific evaluations [2], and in the field of research, for a short time, dentistry has been gaining ground in this aspect, needing the potential of research developments in this area, with a view to increasing the knowledge and capacity of managers in assertive decision making [6,8,10].

It is therefore critical to foster grants to improve the quality of services and encourage the evaluation process in different areas of health care, especially in the oral health attention context, perceived as a critical component of the Brazilian health system [21].

In this sense, with the aim to verify the satisfaction of users with the public oral health services in the different dimensions of care and relate them to the socioeconomic and demographic conditions, this research was conducted, in the context of Primary Health Care, in Ponta Grossa, Paraná, Brazil.

Material and Methods

The present study is based on data from the multicentric study "Evaluation of the effectiveness of oral health services in the Unified Health System: listening to the user", developed in Ponta Grossa city, Brazil.

Type of Study, Sample and Sampling

This is a survey of cross-sectional nature, observational, cross-sectional and quantitative approach, developed in the urban area of Ponta Grossa city, located in the Paraná state, Brazil. The city of study was considered of medium size and counts with an estimated population of 311,611 inhabitants, predominantly urban and profile young-adult [22]. The study population was composed of members of the public oral health services in the scope of the Primary Health Care, distributed in the 27 regular health units of the urban area of the city.

The calculation of sample size was determined using the Epi.Info 7.1.4 software, considering the estimated adult population in the city studied (172.600 inhabitants), with an accuracy of 5%, confidence interval of 95% and design effect of 1, for a 50% prevalence of satisfied adults with the dental services. This prevalence was used because there were no parameters to estimate the proportion of satisfaction and intention to obtain the largest possible sample. The calculated total [384] was increased by 20%, considering the possible losses, resulting in a final sample of 461 adults.

The sample was selected from a stratified manner, considering the universe studied in alternate days and periods of operation of health facilities and to access the multitude of users and increase the representativeness of the sample.

The eligibility criteria for the subjects were: be the primary user of the Brazilian public dental health care network; have received dental care in their reference unit for at most one year from the realization of the interview; be 18 years old or escort minors to the dental appointment on the day of the interview; be a resident in urban area of Ponta Grossa city.

Data Collection

To obtain the user information, a structured questionnaire was developed with social features and eighteen issues related to the object of study, with response patterns: satisfied, more or less satisfied and dissatisfied. The instrument was based on questionnaires proposed by the Brazilian Ministry of Health [2,23], which assess the quality of public health services in a generalized manner. To ensure their reliability and understanding, a pilot study with 50 individuals was conducted, on their own premises, and the data obtained were not part of the sample. The quantification of the internal consistency among the questions was performed by Cronbach's α ($\alpha = 0.70$).

Data collection was conducted through individual interviews by a trained researcher, in neutral location within the health unit or their external dependencies in order to avoid embarrassment among respondents by proximity to the professionals who work in the service. The data collection was made in 2014. The mean duration of the interview was fifteen minutes and, at its end, the respondent was informed of the guidelines of the Brazilian health system and oral health, and received oral hygiene kits and a printed information sheet, developed especially for the study.

Processing and Analysis of Data

The variables inherent in the profile of the sample were associated with satisfaction with the Chi-square test. For the treatment of other issues, it was initially decided by the use of factor analysis through diagnosis with orthogonal rotation [24]. However, due to the non-specific distribution of the sample, conceptual analyses were used for the creation of the domains.

The questions were grouped according to proximity to the basic dimensions of evaluation of public health services in Brazil, namely: 'relationship and communication', 'oral health care', 'information and support', 'organization of services' and 'physical structure', which proved consistent with groupings adopted in equivalent national and international studies [11-13,25] (Table 1).

Table 1. Evaluative domains of satisfaction with public oral health services and their forming variables.

Domain	Variables
<i>Relationship and Communication</i>	Reception of the patient to enter the dental service of the health unit. Statement of education, respect and interest, on the part of the dental health team during the service. Reliability of professionals providing care in oral health. Ease of dialogue with the oral health team after the end of treatment.
<i>Oral Health Care</i>	Quality of clinical care offered by the dental health team. Ability to solve all the problems of oral health.
<i>Information and Support</i>	Clarification of doubts, concerns and problems of oral health on the part of the dental team. Guidance during the consultation on the prevention of oral diseases, by the dental team. Guidance to the patient after treatment performed in the specialty, by the dental team.

Organization of Services	Period of operation of dental care at the health facility.
	Time to schedule a dental appointment at the clinic.
	Form of scheduling dental appointment at the clinic.
	Time anticipated to be answered by the oral health team.
	Form of scheduling dental appointment in a specialized service.
Physical Structure	Time to schedule a dental appointment in a specialized service.
	Cleaning the environments in which the oral health team provides care.
	Comfort of the environments in which the oral health team provides care.
	Signaling the dental office at the health unit.

To obtain the level of overall user satisfaction and in each domain, there was a mean and standard deviation of their training variables, valuing the possible answers, namely: satisfied (value 1), more or less (value 0.5) and dissatisfied (value 0).

For the statistical analysis, the normality test (Kolmogorov-Smirnov) was performed to define the use of parametric or non-parametric tests. The nonparametric Kruskal-Wallis test with Dunn's post-test was used, at a significance level of 5%. All analyzes were conducted using the SPSS 18.0 Software (IBM, Chicago, IL, USA).

Ethical Aspects

All subjects were informed about the purpose of the research, their character and willingness of non-identification, as well as how to collect, analyze and target data. Those who had agreed to participate did so through the signing of a free and informed consent. The study was approved by the Ethics Committee on Research Involving Humans of the Araçatuba College of Dentistry - UNESP (No.353893/2013), respecting the dictates of Resolution 466/12 of the National Health Council and the Declaration of Helsinki.

Results

The sample consisted of 461 individuals, mostly women, aged between 18 and 39 years, married, with less than a high school education and income of up to two minimum wages (Table 2). The characteristics of respondents were associated with satisfaction and proved to be significant for the age, sex and education, noting that females, younger and with higher education were less satisfied (Table 2).

Table 2. Profile and user satisfaction with Brazilian public oral health services, according to socioeconomic and demographic characteristics.

Variables	Categories	n	%	Sat. %*	p-value**
Age	18 to 29	148	32.0	73.0	>0.0001
	30 to 39	133	29.0	75.0	
	40 to 49	108	24.0	76.0	
	50 to 59	47	10.0	75.0	
	60 or more	25	5.0	84.0	
Gender	Male	46	10.0	85.0	>0.0001
	Female	415	90.0	74.0	
Marital Status	Single	143	31.0	73.0	0.3505
	Married / Union stable	266	58.0	76.0	

Education Level	Separated / Divorced	28	6.0	77.0	0.0131
	Widowed	17	4.0	79.0	
	No answer	07	1.0	61.0	
	Illiterate	05	1.0	75.0	
	Basic	111	24.0	77.0	
	Fundamental	156	34.0	73.0	
	Middle	148	32.0	73.0	
Income	Top	22	5.0	72.0	0.1258
	Do not know/no answer	19	4.0	71.0	
	Unemployed	11	2.0	81.0	
	> 1 MBMW***	20	4.0	71.0	
	1 > 2 MBMW***	204	44.0	75.0	
	2 > 5 MBMW***	174	38.0	75.0	
	5 > 10 MBMW***	07	2.0	72.0	
	Do not know/no answer	45	10.0	72.0	

*Percentage of satisfaction (Sat. %); **Chi-squared Test for Independence; ***Minimum Brazilian monthly wage (MBMW) ~ R\$724.00 (U.S. \$308.00).

Table 3 presents the descriptive results of the evaluation of the quality of oral health services for each questionnaire item, showing the proportion of responses in each variable and the overall satisfaction score. Generally the users interviewed reported being satisfied with the service offered by the dental public health system in Brazil. The portion that were unhappy, mostly referred to the time to schedule a consultation at the clinic (31%) and specialized services (24%), the resolving capacity of oral health problems (24%), the form of scheduling the consultation (20%) and the time expected to be attended in the primary health care (20%) as the main causes.

Table 3. Satisfaction of users with the Brazilian public oral health services, according evaluative variable.

Variables		Dissatisfied		More ou less Satisfied		Satisfied		Overall	
		n	%	n	%	n	%	n	%
<i>Relationship and Communication</i>	Reception of the patient to enter the dental service of the health unit.	29	6.0	90	20.0	341	74.0	460	100.0
	Statement of education, respect and interest, on the part of the dental health team during the service.	30	7.0	53	11.0	378	82.0	461	100.0
	Reliability of professionals providing care in oral health.	55	12.0	32	7.0	370	81.0	457	100.0
	Ease of dialogue with the oral health team after the end of treatment.	22	13.0	11	7.0	131	80.0	164	100.0
<i>Oral Health Care</i>	Quality of clinical care offered by the dental health team.	31	7.0	74	16.0	356	77.0	461	100.0
	Ability to solve all the problems of oral health.	108	24.0	58	13.0	283	63.0	449	100.0
<i>Information and Support</i>	Clarification of doubts, concerns and problems of oral health on the part of the dental team.	68	15.0	39	9.0	343	76.0	450	100.0
	Guidance during the consultation on the prevention of oral diseases, by the dental team.	81	18.0	56	12.0	316	70.0	453	100.0
	Guidance to the patient after treatment performed in the specialty, by the dental team.	6	12.0	2	4.0	42	84.0	50	100.0
<i>Organization of Services</i>	Period of operation of dental care at the health facility.	47	10.0	52	11.0	358	78.0	457	100.0
	Time to schedule a dental appointment at the clinic.	142	31.0	88	20.0	221	49.0	451	100.0
	Form of scheduling dental appointment at the clinic.	89	20.0	64	14.0	299	66.0	452	100.0
	Time anticipated to be answered by the oral health team.	89	20.0	108	24.0	258	57.0	455	100.0
	Form of scheduling dental appointment in a specialized service.	5	10.0	3	6.0	43	84.0	51	100.0
	Time to schedule a dental appointment in a specialized service.	12	24.0	4	8.0	34	68.0	50	100.0

<i>Physical Structure</i>	Cleaning the environments in which the oral health team provides care.	15	3.0	45	10.0	401	87.0	461	100.0
	Comfort of the environments in which the oral health team provides care.	18	4.0	79	17.0	363	79.0	460	100.0
	Signaling the dental office at the health unit.	31	7.0	25	5.0	399	88.0	455	100.0

Figure 1 presents the results of the evaluation of the users, by dissociation in the domains. The overall satisfaction index was 0.8, and the 'physical structure' and 'relation and communication' domains stood out in this score. The 'physical structure' domain had the highest satisfaction rating (0.90) and the smallest dissonance responses among the respondents ($SD=0.18$), being significantly highlighted from the domains of 'oral health care' ($p<0.001$), 'information and support' ($p<0.01$) and 'organization of services' ($p<0.001$). There was no significant difference between the scores of 'physical structure' and 'relation and communication' ($p>0.05$). The 'relation and communication' domain, with the second highest satisfaction rating (0.85) also significantly excelled over the areas of 'oral health care' ($p<0.05$) and 'organization of services' ($p<0.001$). The 'oral health care' and 'information and support' domains received the same satisfaction score (0.78) and showed no significant difference between them ($p>0.05$); however, when compared to the 'organization of services', it dominated to a lesser degree of satisfaction (0.71), presenting a significant difference ($p<0.001$).

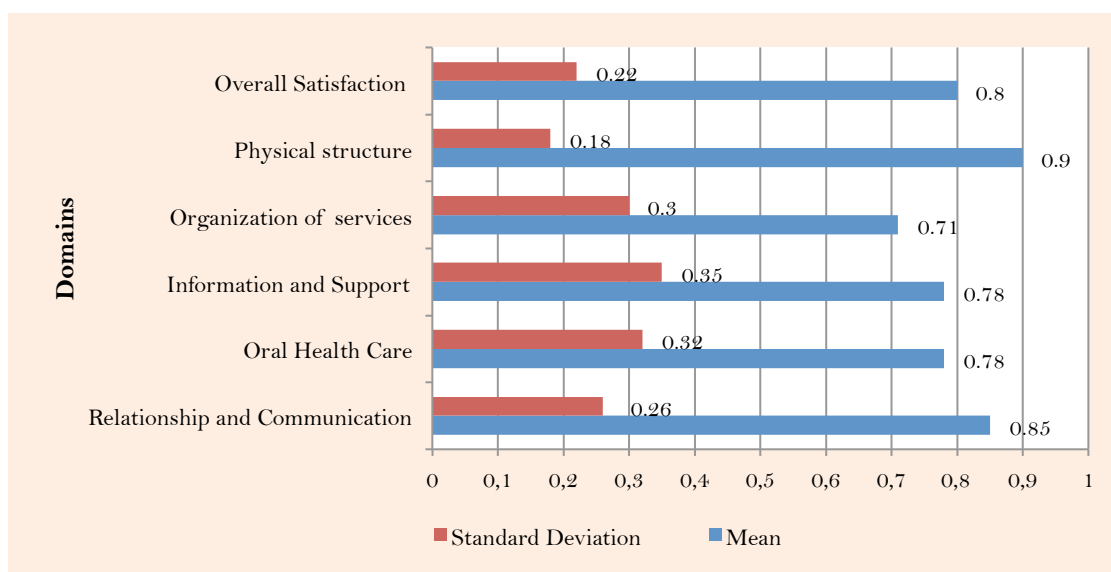


Figure 1. Index average and standard deviation of satisfaction of users of public oral health services, according to domains.

Discussion

Verified in this study on the evaluation of health services, in a distinct manner commonly found in the literature, by the user satisfaction of public oral health services through global aspects involving the quality of health care, as well as the influence of socio-demographic characteristics of the general satisfaction of individuals.

Brazil has one of the largest public health systems in the world. It ensures full, universal and free access to the entire population of the country, and their actions are guided by the principle of equity. In this sense, it is inferred that the health actions and services are distributed to individuals with more vulnerable socioeconomic and demographic conditions. These characteristics do not differ from the profile of users of health services in other developing countries, which shows the dependence of a socially disadvantaged class to the public health service [16].

Although pleased to be part of the subjective user evaluation [14,16], the socioeconomic and demographic conditions are factors that may also influence the perception of the subjects, regardless of culture, country or the type of organization of health services, which was observed in countries such as Norway [3], Germany [14], Sweden [15], Greece [12] and Brazil [10,13,26]. Populations with low socioeconomic and educational levels tend to emit less judgment on the value and be more lenient with health services rendered to them, expressing higher levels of satisfaction [3,10,12,13,15,26]. The study justifies the significantly more negative evaluation of the individuals with higher educational level, because the training drives a higher requirement in terms of the services provided [27]. As regards income, it can be explained, together with the most disadvantaged individuals, by the visualization of public services as a favor or a donation; difficulty in accessing the private service; and tendency to express less expectation and demand [13,15,18].

Moreover, elderly individuals tend to present themselves as more satisfied with the services, when compared to the young [13-15,26]. Conditions consistent to that found in the present study. However, this study revealed that women showed less satisfaction than men, unlike the findings of previous studies [14,15,26], proving to be the greatest satisfaction in the female genre, and the systematic review [28] and Brazilian study [10], which revealed no significant difference in satisfaction between the genders. The more negative perception of women found may be related to greater frequency of access [27], which allows them to analyze the services performed more rigorously, since they have more experience in the service to thoroughly evaluate all aspects underneath investigation.

Regarding satisfaction in the different dimensions of health care, the results showed that the 'physical structure' domain showed the highest degree of satisfaction, with users valuing the signaling, comfort and cleanliness of the dental office. The study developed [16] in a school hospital had also shown high satisfaction to the physical structure. However, most of the studies carried out in health units have a low quality in this aspect [21,29-31]. This high satisfaction, however, should be observed with caution, since other aspects that also influence user satisfaction regarding the ambience, were not part of the study. In a systematic review [29] of user satisfaction within the PHC, was verified complaints raised in relation to other study variables, such as size or arrangement of environments, number and quality of the chairs in the waiting room, ventilation and conservation of the physical structures in health facilities.

The high satisfaction with the physical structure can be explained by the low utilization of the users' critical and reivindicative capacity, and by the strong relation between expectation and

satisfaction; when expectations are low, they are more easily attained and, consequently, a high level of satisfaction will be achieved [13,15,17].

Previous researches exhibited high associations between user satisfaction and relations of inter-subjectivity between professionals and users [1,4,6,10,11,13,15,16,29,32,33]. Thus, it is expected that the dimension that involve the communication and relationship factors show more inference on overall patient satisfaction. In this study, when analyzing the 'relation and communication' domain, it was found that it greatly excelled in areas that involved the technical aspects and organizational work process in the dental context. The results endorse the humanization of health care as an incisive predictor of user satisfaction when compared to other characteristics of the work process, exposing the intrinsic enhancement of professional skills such as communication, respect, education, kindness and demonstration of interest as important benefits of membership and continue the treatment, as well as the referred satisfaction with health services.

In a similar study carried out in the dental area in a health unit in a São Paulo city, it was also verified that the interpersonal relationship with the dental team directly influences the satisfaction of the user and that the lack of confidence in the professional team and the difficulty to speak with the dental surgeon were the condition most strongly associated with the negative evaluation of the users [10]. The lack of these questions may make it difficult to overcome common feelings in the dental office, such as fear and anxiety, and to collaborate in the negative evaluation of the experience [10].

The index for the 'information and support' domain was inferior to the 'physical structure' ($p < 0.01$), and 'relation and communication' ($p < 0.01$) domains, and significantly higher than the 'service organization' domain ($p < 0.01$). In this context of the support of knowledge, the variables that stood out were the guidance given by the dentist of the PHC to the patient, after their return from specialized treatment and the positive influence of the preventive approach and clarify doubts of the dental care provided by the dental team during the consultation, corroborating with another studies [13,15].

In study conducted in different Brazilian states, which evaluated the markers of the reception process in the dental public service, it was verified that the care provided by the oral health team and the availability of its members to discuss doubts, concerns and oral health problems were the factors that most impacted on their qualification [6].

Thus, it is considered that in order for the user to have high satisfaction and consequently have their needs met, it is necessary to the oral health team to invest in professional behaviors centered on the professional / patient bond; in health promotion; in strengthening autonomy; in the co-participation and active accountability of health problems [6].

In general, the dimension least addressed in the literature is 'oral health care' received. In the study, it contemplates the technical quality of clinical care offered by the dental health team, being well valued by users (77% satisfied). In Germany, the authors also found among regular users of dental services, the technical aspects of oral health care as a primary factor of its quality [14]. The

area also encompasses the resolving capacity of oral health problems, a variable which had the second highest percentage of dissatisfaction (24%). This information suggests the inadequacy of professional technical skills, when isolated, regarding the completeness of health care and exposes the relevance of effective networks of dental care, with ample and unrestricted communication between the different conditions of complexity in health.

Several aspects can be embedded in the barriers of solvability and comprehensiveness of care, such as difficulty in accessing health services, prevalence of spontaneous demand and lack of professionals [9,13,29,34]; possible failures in the system forwarded to specialized services [4,33]; and yet, the way the professionals interpret and develop their assignments in each level of health care [33].

Initiatives to reorganize work processes, as well as optimizing internal flows can contribute satisfactorily to fostering the quality of services, therefore, the organization of health services and practices should also be based on the apprehension of the perceptions of all subjects involved in order to understand the factors that compromise the solution of services [9].

The worst rating was exposed by the 'service organization' domain, with a satisfaction index of 0.71, mainly attributed by the delay to enter the service by way of scheduling the dental appointment in the PHC, and the long delay in the unit for health care. These organizational barriers, considered important barriers of accessibility to PHC services were mentioned by members of the oral health services [7,9,14,35,36] and also medical field [5,13,21,29,34,37]. This fact highlights the need for [re]directing the production processes in health, emphasizing the soft and soft-hard technologies in health [38] such as scheduling, appointment scheduling, reception, link, accountability and empowerment of users, and their modes of interaction with other technologies.

Besides the [re]organization of access to the oral health service, offering alternative periods of care and appointment scheduling, such as night and weekend periods and full-time operation in all health units should be invested [7,9], and always seek to listen to the user's opinion, in order to maximize their needs' service [6,8,9,13,14,16,29].

In general, users of the present study were satisfied with the oral health services provided by the government in the city investigated. The overall high level of satisfaction found (0.80) is consistent with several studies of the same character, in different developed countries [1,12–14,18,20,31,34,36]. However, the indicative of the positive evaluation in the present study should be viewed carefully, against the conformism exposed by Brazilian health users with excessive appreciation of the access phase of the service [1], the ambiguity in the recognition of health service as a favor and not as a right [13]; and yet at the critical low level of socially disadvantaged people, which can lead to a false high quality of health services investigated [13].

As limitation, the object of study, the satisfaction, which is considered subjective and influenced by a variety of determinants, such as the degree of expectation and individual requirements in relation to the service and individual characteristics of the users [17], like low socioeconomic and educational status, which influences the degree of criticality and capacity to take

an active role, and can generate a false high quality in the health services investigated [1,7,13,15,18]. In addition, similar studies point to the existence of methodological biases, such as the application of a questionnaire after the consultation, even with the usage of strategies to minimize the bias of gratitude used in the present study; the sample of convenience and study is exploratory, we can not draw conclusions about causality [1,7,13,14]. However, these limitations do not infer the importance of developing such a study.

Still, the study refers to data from a single city, however, some of its findings may reflect the degree and quality of users' satisfaction from other Brazilian health units, since, in general, they agree to the same management model. In addition, the unfolding found broadly coincide with the related literature.

Conclusion

The present study was important for the understanding of the priorities of users of the public oral health services investigate with regard to oral health care and to identify possible areas of improvement in the quality of these services. In general, the users interviewed rated the aspects of health care in a very positive way. The overall satisfaction of individuals was associated with gender, age and education, requiring investment in education in terms of social control, so that users have a sense of their rights and how to strive for them, and that socioeconomic and demographic conditions are no longer a factor which interferes with the degree of quality services, but the conditions intrinsic to the services offered.

In view of the foregoing, it is clear that the issues related to the intrinsic organizational processes of oral health services deserve special attention from local managers, with a view to guaranteeing better quality and access to dental services. Moreover, strategies for ongoing education and enhancement by the health secretariats of the labor process that overcome the strategies which favor the number of curativist services should be maintained and strengthened, and value the light technologies based on the strict relations of welcome, humanization, bonding, communication, receptivity and health education.

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