ACCESS, WELCOMING AND FAMILY HEALTH STRATEGY: USER SATISFACTION ACESSO, ACOLHIMENTO E ESTRATÉGIA SAÚDE DA FAMÍLIA: SATISFAÇÃO DO USUÁRIO ACCESO, ACOGIMIENTO Y ESTRATEGIA SALUD DE LA FAMILIA: SATISFACCIÓN DEL USUARIO

Letycia Beatriz Souza de Lira¹, Débora de Souza Santos², Sabrina Joany Felizardo Neves³, Patrícia de Carvalho Nagliate⁴, Elaine de Albuquerque Tenório Pereira⁵, Marília Vieira Cavalcante⁶

ABSTRACT

Objective: to evaluate the degree of satisfaction of the users in relation to the access and reception of the Family Health Strategy. **Method:** a quantitative, transversal, descriptive and exploratory study with 202 individuals enrolled in the Health Unit who answered the Klotzel questionnaire. The data were systematized with the help of Google Docs, Microsoft Excel and SPSS, version 13.0. The relationship between the categorical data by the chi-square test and the comparison between the groups by the T-test for independent samples were evaluated. **Results:** Most users rate services as "very good" or "good." The points of greatest satisfaction were the "way of scheduling the consultation" (59%) and the "ease of access" to the unit (54.5%), while the "time spent in the waiting room" was the only point of dissatisfaction (62.4%). The degree of satisfaction of the users did not change according to the sociodemographic profile. **Conclusion:** the degree of user satisfaction was positive. The study contributes to the reflection of professionals of the Family Health Strategy and managers regarding the relationship between access, reception and user satisfaction in the perspective of improving health services. **Descriptors:** Patient Satisfaction; Primary Health Care; Family Health Strategy; Access to Health Services.

RESUMO

Objetivo: avaliar o grau de satisfação dos usuários em relação ao acesso e ao acolhimento da Estratégia de Saúde da Família. **Método:** estudo quantitativo, transversal, descritivo e exploratório com 202 indivíduos cadastrados na Unidade de Saúde que responderam ao questionário de Klotzel. Sistematizaram-se os dados com o auxílio do Google Documentos, do Microsoft Excel e do SPSS, versão 13.0. Avaliaram-se a relação entre os dados categóricos pelo teste qui-quadrado e a comparação de média entre os grupos pelo teste de T para amostras independentes. **Resultados:** a maior parte dos usuários classifica os serviços como "muito bom" ou "bom". Os pontos de maior satisfação foram a "forma de agendamento da consulta" (59%) e a "facilidade de acesso" à unidade (54,5%), enquanto que o "tempo despendido na sala de espera" foi o único ponto de insatisfação (62,4%). O grau de satisfação dos usuários não sofreu alterações segundo o perfil sociodemográfico. **Conclusão:** o grau de satisfação dos usuários foi positivo. O estudo contribui para a reflexão de profissionais da Estratégia de Saúde da Família e gestores quanto às relações existentes entre o acesso, o acolhimento e a satisfação do usuário na perspectiva de melhoria dos serviços de saúde. **Descritores:** Satisfação do Paciente; Atenção Primária à Saúde; Estratégia de Saúde da Família; Acesso aos Serviços de Saúde.

RESUMEN

Objetivo: evaluar el grado de satisfacción de los usuarios en relación al Acceso y Acogimiento de la Estrategia de Salud de la Familia. **Método:** estudio cuantitativo, transversal, descriptivo y exploratorio, con 202 individuos registrados en la Unidad de Salud que respondieron al cuestionario de Klotzel. Se sistematizó los datos con ayuda de Google Documentos, Microsoft Excel y SPSS versión 13.0. Se evaluó la relación entre datos categóricos por la prueba de chi-cuadrado y la comparación de promedio entre los grupos, por la prueba de T para muestras independientes. **Resultados:** la mayoría de los usuarios clasifican los servicios como "muy bueno" o "bueno". Los puntos de mayor satisfacción fueron la "forma de agendamiento de la consulta" (59%) y "facilidad de acceso" a la unidad (54,5%), mientras que el "tiempo gastado en la sala de espera" fue el único punto de insatisfacción (62,4%). El grado de satisfacción de los usuarios no sufrió cambios según el perfil sociodemográfico. **Conclusión:** el grado de satisfacción de los usuarios fue positivo. El estudio contribuye a la reflexión de profesionales de la Estrategia de Salud de la Familia y gestores en cuanto a las relaciones existentes entre acceso, acogimiento y satisfacción del usuario en la perspectiva de mejora de los servicios de salud. **Descritores:** Satisfacción del paciente; Atención Primaria a la Salud; Estrategia de Salud de la Familia; Acceso a los Servicios de Salud.

¹Nurse (egress), Federal University of Alagoas / UFAL. Maceió (AL), Brazil. E-mail: beatrizliraa@gmail.com ORCID iD: <https://orcid.org/0000-0002-9301-8474>; ²PhD, PhD Program in Nursing, University of São Paulo / USP, professor at the State University of Campinas. São Paulo (SP), Brazil. E-mail: debora.santos@esenfar.ufal.br ORCID iD: <https://orcid.org/0000-0001-9060-392>; ³PhD, PhD Program in Public Health, Federal University of Pernambuco / UFPE, lecturer at Universidade Federal de Alagoas. Maceió (AL), Brazil. E-mail: joanysabrina@gmail.com ORCID iD: <https://orcid.org/0000-0001-9651-0600>; ⁴PhD, PhD Program in Sciences, University of São Paulo / USP, lecturer at Federal University of Alagoas. Maceió (AL), Brazil. E-mail: patricia.nagliate@esenfar.ufal.br ORCID iD: <https://orcid.org/0000-0001-6715-0028>; ⁵Master student, Postgraduate Program in Nursing - Master's Degree Academic, Federal University of Alagoas / UFAL. Maceió (AL), Brazil. E-mail: elaineysdea.t@gmail.com ORCID iD: <https://orcid.org/0000-0002-5979-5798>; ⁶Student, Undergraduate Nursing Course, Federal University of Alagoas / UFAL. Maceió (AL), Brazil. E-mail: lila_cavalcante@hotmail.com ORCID iD: <https://orcid.org/000-0003-0516-9019>

INTRODUCTION

Satisfaction, with health services, is understood as an individual evaluation that involves several dimensions of health care, such as infrastructure, service organization, user-professional relationship, resolving and access.¹

It is known in the Brazilian experience, that the user satisfaction of the Unified Health System (UHS) is a dynamic process, influenced by several aspects of care that involve factors of perception of health status and disease, individual beliefs and sociodemographic characteristics. In this sense, the degree of satisfaction of the user is directly related to the scenario in which the reception and health care happens.²

Access is understood as the timely use of the service to reach the best result and the reception as the act or effect of "receiving", an approaching action, a "being with" and "being close to." Thus, both actions imply an attitude of inclusion.²

It is added that, in Brazil, the privileged environment to guarantee access and make the reception of the UHS user possible, is the Family Health Strategy (FHS), which is built as a model for the reorganization of Primary Health Care (PHC) to provide a quality service that satisfies the health needs of the user, prioritizing the establishment of the bond, continuity of care, integrality of care, accountability, humanization, equity and social participation.³ In this context, access and welcoming are fundamental principles of the Brazilian PHC recognized as tools for change in the health work process.²

It should be emphasized that, in the sense of change, user-centered health work must incorporate the light care technologies that materialize as relational practices, qualified listening, bonding, commitment and dialogue that allow the professional to welcome the subject and be responsible with them in a movement of co-responsibility in care. It is an effective way to operate health work processes as the worker assumes a posture that can receive, listen and offer more adequate responses to the users.⁴

It is explained that access and accessibility, although often used ambiguously, have complementary meanings. Accessibility enables people to access services and access allows the timely use of services to achieve positive results. It would be, therefore, the way the person experiences the health service. In this study, there was no distinction between access and accessibility, thus considering access as a broad term in the

search for health service and an essential requirement in PHC.⁵

Accessibility is often seen from two perspectives: socio-organizational and geographical. Socio-organizational accessibility involves the waiting time for appointment marking and for attendance, the ease in conducting exams and the acquisition of medications. Geographic accessibility refers to the distance that the individual needs to travel from his home to the health service, the cost of travel, among others. These are considered essential attributes for quality assurance in PHC as they facilitate or hinder the user's efforts to obtain care.⁶

In previous studies, access problems have increased users' dissatisfaction so that the lack of a critical and systematic analysis of factors affecting user satisfaction may lead to disbelief in PHC results and services and in public healthy services in general.⁷ In this way, the analysis of user satisfaction regarding the service becomes important by allowing users to know the user's opinion and build subsidies to improve the system, constituting an important indicator for the planning of actions in health and decision-making.⁸⁻⁹

In Brazil, since the 1990s, several initiatives to evaluate user access and reception have been supported by the Ministry of Health (MH) in order to reorient policies and encourage managers and staff to improve the quality of health services offered to citizens of the territory³, such as the National Program for Improving Access and Quality of Primary Care, PIAQ-PC.

It is also conceived that analyzing satisfaction has occupied an important place in the evaluation of the quality of services, as it is related to the therapeutic adherence to the results of health care, recognizing the role of the user as protagonist in this process.¹

It should be pointed out, therefore, that investigating users' satisfaction with access to and hosting the FHS contributes to the institutionalization of evaluation and reorganization of services, including the user in this process. In this way, it will be possible to equip professionals and health managers to understand the relationship between access, acceptance and satisfaction of the user, enabling paths to improve the quality of health services.

OBJECTIVE

- To evaluate the degree of satisfaction of the users in relation to the Access and Reception offered by the Family Health Strategy of a capital of the Brazilian Northeast.

METHOD

It is a quantitative, cross-sectional, descriptive and exploratory study developed in the territory assigned to the primary care services of a capital in the Northeast region of Brazil. The sample consisted of 202 users who used the primary care services in the last year, domiciled in the area of coverage, aged over 18 years and with cognitive ability to answer the research questions.

Data was collected from November 2015 to March 2016 at the users' home, and the user satisfaction questionnaire was developed and validated in Brazil.¹⁰ This instrument measures user satisfaction in relation to the last visit in Basic Attention and consists of 12 questions with Likert type responses, represented by face figures with five distinct

expressions of satisfaction, respectively: "A - very good", "B - good", "C - regular" bad "and" E - very bad ", and the accounting and elaboration of the percentage obtained by each answer in each one of the 12 questions.

Data was consolidated and systematized in Google Docs forms, which provided spreadsheets in Microsoft Excel analyzed with the help of SPSS (Statistical Package for Social Sciences) software, version 13.0. For purposes of data analysis, the questionnaire questions that corresponded to the focus of the study were grouped in the "Access and Reception" axis. The questions that comprised this axis are highlighted in figure 1.

Axis1: Access and Reception	Ease of access to query - question 1
	Time in the waiting room - question 2
	Satisfaction with scheduling of queries - question 11

Figure 1. Composition of the analysis axis from the user satisfaction questionnaire .

User responses were coded as "satisfied" or "dissatisfied" about the service provided by FHU. Those who responded "very good" and "good" were considered "satisfied". The "dissatisfied", those who responded "regular", "bad" and "very bad." The satisfaction of FHS users was related to their sociodemographic profile.

The quantitative data were then grouped into a database and processed using statistical software, SPSS, version 13.0. During this step, (a) Kolmogorov-Sminorv test was used to verify the normality pattern of the continuous variables; (b) Pearson's chi-square test for categorical variables and T-test for samples independent of continuous ones. The

significance level of 5% was adopted and the data obtained in tables were discussed and discussed based on the literature. This study obeyed the ethical precepts of Resolution 466/12 and has the approval of the Research Ethics Committee of the Federal University of Alagoas (REC-UFAL) under protocol number CAAE No. 45047315.5.0000.5013.

RESULTADOS

202 users were interviewed, the majority of whom were female (78.7%) and the mean age was 37.7 years (SD = 15.0), with a minimum age of 18 and a maximum of 77 years. Regarding education, 80.7% declared themselves literate, according to table 1.

Table 1. Demographic profile of the users of the Family Health Strategy, of a capital in the Brazilian Northeast, according to the degree of satisfaction with the service, access and reception. Brazil, 2016.

Variables		P
		(sd)
Sex	Female	10.68 (3.45)
	Male	10.27 (3.9)
		0.621*
Age group	18-29	9.3(2.7)
	30-30	9.9(2.7)
		0.602**
	40-49	9.2(2.8)
	50-59	10.1(2.9)
Literacy	60 e +	9.1(2.9)
	Literate	10.57 (3.43)
		0.732*
	Illiterate	10.71 (4.03)

^a T-test for independent samples

^b ANOVA

It was pointed out that, in general, individuals reported being satisfied with the access and reception services provided by

health teams regardless of their socio-demographic profile, according to table 2.

Table 2. Satisfaction with services: ease of access, time in the waiting room and scheduling of appointments according to sex and literacy. Brazil, 2016.

Variables	Sex		P*	Literacy		P*
	Female n(%)	Male n(%)		Literate n(%)	Illiterate n(%)	
Ease of Access						
Very bad	14 (70.0%)	6 (30.0%)	0.52	15 (75.0%)	5 (25.0%)	0.245
Bad	27 (73.0%)	10 (27.0%)		33 (89.2%)	4 (10.8%)	
Regular	30 (85.7%)	5 (14.3%)		31 (88.6%)	4 (11.4%)	
Good	8 (88.9%)	1 (11.1 %)		6 (66.7%)	3 (33.3%)	
Very good	80 (79.2%)	21 (20.8%)		78 (77.2%)	23 (22.8%)	
Time in the waiting room						
Very bad	27 (27.1%)	8 (22.9%)	0.629	27 (77.1%)	8 (22.9%)	0.952
Bad	39 (83.0%)	8 (17.0%)		38 (80.9%)	9 (19.1%)	
Regular	35 (79.5%)	9 (20.5%)		37 (84.1%)	7 (15.9%)	
Good	2 (50.0%)	2 (50.0%)		3 (75.0%)	1 (25.0%)	
Very good	56 (77.8%)	16 (22.2%)		58 (80.6%)	14 (19.4%)	
Scheduling Form						
Very bad	11 (64.7%)	6 (35.3%)	0.477	12 (70.6%)	5 (29.4%)	0.616
Bad	27 (75.0%)	9 (25.0%)		31 (86.1%)	5 (13.9%)	
Regular	25 (83.3%)	5 (16.7%)		23 (76.7%)	7 (23.3%)	
Good	9 (90.0%)	1 (10.0)		9 (90.0%)	1 (10.0%)	
Very good	87 (79.8%)	22 (20.2%)		88 (80.7%)	21 (19.3%)	

^a Chi-square

Among the evaluated aspects that were related to services, it was evident that the most successful were access (54.5%) and scheduling (59.0%). On the other hand, the aspect that generated more dissatisfaction was the time spent in the waiting room (62.4%). Similarly, these perceptions of the user, compared to the service provided, did not vary according to their sociodemographic profile.

DISCUSSION

It was found that users were satisfied with the ease of access to the health facility and the way they were hosted in place, despite the dissatisfaction with the time they expect to be taken care of. Overall, the 202 participants positively evaluated the service received, but their responses were not relevant to the sociodemographic profile.

◆ Socio-demographic profile: trends and reasons for satisfaction

In many studies, the relationship between sex, family income and educational level with the level of satisfaction described by users in which women, the elderly and illiterate were more satisfied, was found to be the opposite of the findings of this study, since the overall results indicate the presence of user satisfaction regardless of sociodemographic profile. However, when analyzing the score by average, which depicts the faithful score of the groups of users according to the axes created, it was observed that the highest scores were among women, elderly and non-literate, similar to other studies on the subject.^{1,11}

It is revealed that, although no relation was found between the age group, the access and the host, it can be observed that the

elderly had higher scores presenting a higher degree of satisfaction than the others. This can be attributed to the fact that the elderly use health services to meet other needs and not only to solve a health problem. In many cases, the elderly seek the health facility with a complaint, but behind it is the desire to be heard by someone. It is at this moment that the professional listens to this user in order to identify their real need.¹²

On the other hand, it can be observed that the dynamics of the activities carried out by the PHC surpasses the expectations of the elderly. In Brazil, primary care services have traditionally invested in health care programs and strategies that privilege the elderly, for example, the control and follow-up of chronic diseases, such as the Hiperdia program, which deals with more frequent diseases among elderly, as well as annual vaccination campaigns aimed at this public and other activities focused on the elderly population, which brings this group more frequently to PHC. Still in relation to the age group, although not significant, there is a tendency among the elderly to assign higher scores to the evaluated aspects regarding access and reception indicating greater satisfaction with the services offered.

It is inferred that the non-literate population showed greater satisfaction with "access" and "reception". On this, it is stated that "the population with a lower level of schooling tends to emit less value judgments and be more condescending with the health services that are provided expressing higher degrees of satisfaction"¹, but in another study, no significant relationship was found between the level of satisfaction and schooling, which leads to questioning about

how the education / satisfaction relationship has been approached in the studies with the users^{1,11}. In this research, this data may be related to the homogeneity of the sample, because it is a population assigned to primary care, which is greatly impaired from the demographic point of view.

It is possible to reflect, by the sociodemographic data, like other studies, that the health picture of the individuals, their socioeconomic characteristics and the low levels of income affect the life of the individuals as a whole exposing them to deficient, exhausting and generative contexts inequities in access to health services.¹³ However, it is in this context that the FHS plays a key role, through articulation with other sectors, to contribute to and improve access to education (creating links with families and communities can identify, stimulate and accompany, for example, school attendance), strategies for obtaining income and improvements in basic sanitation, establishing an intersectoral relationship, as guided by the FHS guidelines.³

♦ Access and welcoming

As for the "Ease of Access" dimension, it is emphasized that the users interviewed stated that they were satisfied by contradicting other surveys where this was the main complaint related to access.¹⁴ This result is attributed to the fact that, in the studied FHU, is easier compared to other BHU, since the proximity of the FHU to the homes of the users and the implementation of the spontaneous demand service allowed abolishing the queues.

In relation to the variable "Waiting time", it is noticed that the users mentioned being dissatisfied, indicating delay to be attended, being this variable the one that received the highest percentages of dissatisfaction. The aspects related to the operation of the PC service, such as the time spent in the waiting room and the satisfaction with the scheduling, presented the lowest percentages of degree of satisfaction in relation to the services offered in PC in Porto Alegre-RS. The results presented here are similar to those found in the validation study of the PCATool satisfaction instrument, which showed less satisfaction with the aspects related to the operation of the service, access and time spent in the waiting room and greater satisfaction with the aspects related to the professional-person relationship.¹⁵

In the survey that evaluated the access in a large Brazilian city, it is pointed out that the users stated that they are looking for the Basic Health Units (BHU) when they present a

health problem, since they consider that the care is better than other places they have access. However, they complain about the delay in care and, consequently, the resolution of their health problems.⁷

The need to host the population to clarify the network of health services offered, with a greater organization to meet spontaneous demand within the FHS, is reflected through such findings. Low FHS coverage should be considered in the municipality where this research was conducted, which may be contributing to the increase of queues and waiting time. In this sense, it is up to managers to assess the need to increase infrastructure and human resources by matching them numerically to the population, as well as to their epidemiological profile.

It is pointed out that the variable "form of appointment scheduling" presented a higher percentage of satisfaction. This schedule is usually done either by the user or the Community Health Agent (CHA). This is a relevant finding, since in other studies, the scheduling item tends to be the object of great dissatisfaction.

It is demonstrated that in units scheduled to be performed by means of tab distribution and on certain days of the week, that users complained about insufficiency in the scheduling of new consultations and limited access to the health service, unlike the FHS in which the users were satisfied because they had scheduling through CHA, without distinction of day, increasing the possibility of access to the health service by all of the community.¹⁶ However, traditional problems persisted, such as queues and long waiting times to conduct consultations and examinations. The unsatisfactory level of implementation of the appointment marking system in three of the four units analyzed was highlighted. The "host", in this analysis, was limited to the administrative triage of spontaneous demand.¹⁶

It is thus perceived that the problems found in the FHS of this study resemble those evidenced in other studies in the country. However, the users of this research score higher satisfaction indexes in relation to the others where only the delay in attendance was indicated as item of greater dissatisfaction. The highest score of the items as "satisfactory" seems to be associated with the homogeneity of the investigated population and the satisfactory work performed by the local health teams. However, it was found that the results, although satisfactory, were lower than those obtained in other PHC satisfaction studies.

When correlating the sociodemographic variables and the components of each axis, the tests were not statistically possibly due to the fact that only a certain population was analyzed in a FHS where the two teams that compose it work homogeneously.

In the FHS of the mentioned studies, there are differences between the ways of working of the teams and the satisfaction of the user. The unit of this study is considered standard, where the two teams work together and in a similar way, as evidenced in this survey. In another situation, if the satisfaction of the users by health unit were evaluated instead of being by team, it would be possible to find different weights of satisfaction.

CONCLUSION

Through the results of this study, it was possible to positively evaluate the satisfaction of the users regarding the access and the reception offered in the FHS. Satisfaction is considered an outcome that can be easily measured by guiding planning and interventions for the qualification of the health service. The data presented in this research indicate that users satisfactorily evaluated the activities performed by professionals. These effective activities should be strengthened, however, measures should be taken to reduce waiting times for obtaining the service and other existing deficiencies.

Thus, it is important to highlight the importance of the performance of the PHC professional and the managers in enforcing what the Unified Health System recommends for the production of better results in health services satisfaction.

REFERENCES

1. Brandão ALRBS, Giovanella L, Campos CEA. Avaliação da atenção básica pela perspectiva dos usuários: adaptação do instrumento EUROPEP para grandes centros urbanos brasileiros. *Ciênc saúde coletiva* [Internet]. 2013 [cited 2017 Feb 22];18(1):103-114. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000100012&lng=en
2. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: Política Nacional de Humanização [Internet]. Brasília; 2013 [cited 2017 July 20]. 3rd ed. 52 p. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/documento_base.pdf
3. Brasil. Ministério da Saúde. Política Nacional de Atenção Básica-PNAB [Internet]. Brasília; 2012 [cited 2016 Dec 18]. Available from: <http://dab.saude.gov.br/portaldab/pnab.php>
4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Núcleo Técnico da Política Nacional de Humanização. Acolhimento nas práticas de produção de saúde [Internet]. Brasília; 2010 [cited 2017 Jan 21]. 2nd ed. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/a_colhimento_praticas_producao_saude.pdf
5. Starfield B. Atenção primária: equilíbrio entre necessidades de saúde, serviços e tecnologia [Internet]. Brasília: Organização das Nações Unidas para a Educação, a Ciência e a Cultura/Ministério da Saúde. 2001 [cited 2017 Jan 21];177. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/atencao_primaria_p1.pdf
6. Mendes ACG, Miranda GMD, Figueiredo KEG, et al. Access to the Family Healthcare Program in an area with “extensive” coverage of the private healthcare system. *Ciênc saúde coletiva* [Internet]. 2012 [cited 2017 July 22];17(11):2903-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012001100007&lng=en
7. Campos RTO, Ferrer AL, Gama CAP, Campos GWS, Trapé TL, Dantas DV. Avaliação da qualidade do acesso na atenção primária de uma grande cidade brasileira na perspectiva dos usuários. *Saúde debate* [Internet]. 2014 [cited 2017 Sept 29];38(spe):252-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042014000600252&lng=en
8. Moimaz SAS, Marques JAM, Saliba O, Garbin CAS, Zina LG, Saliba NA. Satisfação e percepção do usuário do SUS sobre o serviço público de saúde. *Physis* [Internet]. 2010 [cited 2017 Sept 30]; 20(4): 1419-1440. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312010000400019&lng=en
9. Dias OV, Vieira MA, Dias JP, Ramos LH. The Dimensions of user satisfaction of the Family Health Program: trust and empathy. *Acta paul enferm.* [Internet]. 2011 [cited 2018 July 20];24(2):225-31. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002011000200011&lng=en. <http://dx.doi.org/10.1590/S0103-21002011000200011>
10. Kloetzel K, Bertoni AM, Irazoqui MC, Campos VPG, Santos RN. Quality control in primary health care. I Consumer satisfaction. *Cad Saúde Pública* [Internet]. 1998 [cited 2017 Mar 31]; 14(3): 263-268. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X1998000300020&lng=en

11. Jorge MSB, Guimarães JMX, Vieira LB, Paiva FDS, Silva DR, Pinto AGA.. Avaliação da qualidade do Programa de Saúde da Família no Ceará: a satisfação dos usuários. Rev Baiana de Saúde Pública [Internet]. 2007 [cited 2017 Aug 30];31(2):256-66. Available from: <http://files.bvs.br/upload/S/0100-0233/2007/v31n2/a258-268.pdf>

12. Mishima SM, Pereira FH, Matumoto S, et al . Assistance in family health from the perspective of users. Rev Latino-Am Enfermagem. [Internet]. 2010 [cited 2017 Feb 22];18(3):436-43. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692010000300020&lng=en

13. Fleury S. Poverty, inequalities or exclusion?. Ciênc. saúde coletiva [Internet]. 2007 [cited 2017 Feb 22]; 12(6):1422-25. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232007000600003&lng=pt

14. Santiago RF, Mendes ACG, Miranda GMD, Duarte PO, Furtado MASM, Souza WV. Qualidade do atendimento nas Unidades de Saúde da Família no município de Recife: a percepção do usuários. Ciênc. saúde coletiva [Internet]. 2013 [cited 2017 Oct 10] ; 18(1):35-44. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000100005&lng=en

15. Zils AA, Castro RCL, Oliveira MMC, Harzheim E, Duncan BB. Satisfação dos usuários da rede de Atenção Primária de Porto Alegre. Rev Bras Med Fam e Com [Internet]. 2009 [cited 2016 Dec 21]; 4(16): 270-276. Available from: <http://www.rbmfcc.org.br/rbmfc/article/view/File/233/184>

16. Cunha ABO, Vieira-da-Silva LM. Acessibilidade aos serviços de saúde em um município do Estado da Bahia, Brasil, em gestão plena do sistema. Cad. Saúde Pública [Internet]. 2010 [cited 2017 Apr 22];26(4):725-37. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2010000400015&lng=en

Submission: 2018/02/20

Accepted: 2018/07/22

Publishing: 2018/09/01

Corresponding Address

Letycia Beatriz Souza de Lira
Rua Pedro Gomide Filho, 10
Bairro Sítio São Jorge
CEP: 57044-120 – Maceió (AL), Brazil