



## ACCESSIBILITY AND PRIMARY HEALTH CARE - THE REVIEW OF USERS

### ACESSIBILIDADE E CUIDADOS DE SAÚDE PRIMÁRIOS - A OPINIÃO DOS UTENTES

#### ACCESIBILIDAD Y ATENCIÓN PRIMARIA DE SALUD - LA REVISIÓN DE LOS USUARIOS

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#### ABSTRACT

**Objective:** to evaluate the accessibility, based on the opinion of users of three health centers of the Regional Health Administration of the Alentejo (ARSA) where they have introduced organizational changes. **Method:** a descriptive study with quantitative approach, resorting to the use of a questionnaire. The sample consisted of users of three health centers. Data collection was carried out in two months. The data were analyzed with the Statistical Package for Social Sciences (SPSS ®). Consent was obtained from ARSA (No. 11/2007), with the ethical component of data collection with human beings. **Results:** mostly female users who are over 60 years responded. The majority has a family doctor for over 15 years, the waiting time for a routine visit ranges from one to four weeks and get an emergency appointment the same day. **Conclusion:** the users are satisfied with the changes in the physical structure and functioning of health centers, translating into improvements in accessibility to care. However, they mentioned the need for changes at the level of human resources, customer assistance, physical environment and utilities. **Descriptors:** accessibility; primary health care; organizational changes.

#### RESUMO

**Objetivo:** avaliar a acessibilidade, com base na opinião de utentes de três Centros de Saúde da Administração Regional de Saúde do Alentejo (ARSA) onde foram introduzidas alterações organizacionais. **Método:** estudo descritivo com abordagem quantitativa, recorrendo à utilização de um questionário. A amostra foi constituída por utentes de três centros de saúde. A coleta de dados foi realizada em dois meses. Os dados foram analisados no programa *Statistical Package for the Social Sciences* (SPSS®). Obteve-se autorização da ARSA (nº 11/2007), contemplando a componente ética de recolha de dados com seres humanos. **Resultados:** responderam maioritariamente utentes do sexo feminino, com idades superiores a 60 anos. A maioria tem médico de família há mais de 15 anos, o tempo de espera por uma consulta de rotina varia entre uma a quatro semanas e conseguem uma consulta de urgência no próprio dia. **Conclusão:** os utentes encontram-se satisfeitos com as alterações introduzidas na estrutura física e funcionamento dos centros de saúde, traduzindo-se em melhorias na acessibilidade aos cuidados. No entanto, mencionaram a necessidade de introduzir alterações, a nível de recursos humanos, atendimento dos utentes, ambiente físico e utilidades. **Descritores:** acessibilidade; cuidados de saúde primários; alterações organizacionais.

#### RESUMEN

**Objetivo:** evaluar la accesibilidad, sobre la base de la opinión de los usuarios de tres centros de salud de la Administración Regional de Salud del Alentejo (ARSA) que se han introducido cambios en la organización. **Método:** estudio descriptivo, con enfoque cuantitativo, recurriendo a la utilización de un cuestionario. La muestra estuvo conformada por los usuarios de tres centros de salud. La recogida de datos se llevó a cabo en dos meses. Los datos fueron analizados con el *Statistical Package for Social Sciences* (SPSS ®). Se obtuvo el consentimiento de ARSA (Nº 11/2007), contemplando el componente ético de la recopilación de datos con los seres humanos. **Resultados:** los usuarios respondieron en su mayoría mujeres, mayores de 60 años. La mayoría tienen un médico de familia durante más de 15 años, el tiempo de espera para una visita de rutina va desde una a cuatro semanas y obtener una cita de emergencia el mismo día. **Conclusión:** los usuarios están satisfechos con los cambios en la estructura física y el funcionamiento de los centros de salud, que se traduce en mejoras en la accesibilidad a la atención. Sin embargo, mencionan la necesidad de cambios en el nivel de recursos humanos, atención al cliente, ambiente físico y los servicios públicos. **Descriptor:** la accesibilidad; la atención primaria de salud; los cambios organizacionales.

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INTRODUCTION

Health, initially seen as mere absence of disease, is an unquestioned good, providing the basis for personal development, social and even productive. The evolution of its concept and its priority fields of action, has undergone some changes, reflecting an attempt to monitor the human evolution itself with all its technology, influencing not only the attitudes of health professionals, such as users or to own organization of health services, requiring that people can be born and live in good conditions for the realization of human individual and collective skills.<sup>1</sup>

Accessibility is not just for allowing people with disabilities integrate activities that include the use of products, services and information, but the inclusion and extent of their use by all sides that make up a given population, with the least possible restrictions. Having this concession and to alter the quality of life of the population covered, the old health centers have been replaced by new ones, with regard to facilities (most appropriate) and other factors that affect positively on the accessibility of users to the care they need.

"Organizations depend directly and inevitably on people to operate, produce goods and services, serving customers, compete in the markets and achieve its overall goals and strategic"<sup>2:306</sup>, the professional will be the link of success in terms of accessibility, in health organizations.

An organization is a group or groups that interact with each other to achieve a common goal, stressing that the groups interact and articulate together, so that the behavior of a member or group influences the behavior of the other.<sup>3</sup> In this perspective, the culture in organizations has a strong influence on the type of decisions, the type of shared information on when and how the information is disclosed about who holds power, and what the behavior of workers who are considered acceptable.<sup>3-4</sup>

In the Declaration of Alma-Ata, resulting from the International Conference in 1978, it was declared the need to adopt certain measures in the area of primary health care so that people can benefit from better care.

Years after this conference the WHO notes that this area of health did not have the planned progress.<sup>5</sup>

It should be noted that the quality of health requires the fulfillment of a set of requirements and interests of groups involved, often conflicting, perspectives which must be taken into account and integrated to specify the quality of a particular service: quality for the customer, quality professional and quality management.<sup>6</sup> To achieve the level of quality in terms of accessibility is necessary that all involved are committed and involved in this matter.

OBJECTIVE

- To evaluate the accessibility of users of three health centers of the Regional Health Administration of Alentejo (in south region in Portugal), where organizational changes were introduced.

METHOD

We performed a correlational descriptive study with quantitative approach. To carry out this study a questionnaire was designed to collect the assessment made by professionals and users in the three health centers (AB and C) of the ARSA, covering the different factors with direct influence on the accessibility of health care users.

The questionnaire is divided into different parts, which questions the evaluation of accessibility to the premises of such health institutions, appointments and other acts (vaccination, home care, appointments, and others.). It assesses also the personal interactions which can often emerge as barriers of accessibility to care, one may question the main obstacles in terms of accessibility and the last part of the questionnaire intended for the characterization of the respondents.

Table 1. Data from health centers according to age, gender, level of education and occupational status

|                             |                           | Healh Center |    |    | Total |
|-----------------------------|---------------------------|--------------|----|----|-------|
|                             |                           | A            | B  | C  |       |
| Age                         | 70                        | 17           | 14 | 15 | 46    |
|                             | 60-70                     | 5            | 16 | 8  | 29    |
|                             | 50-60                     | 10           | 10 | 8  | 28    |
|                             | 40-50                     | 10           | 13 | 7  | 30    |
|                             | 30-40                     | 6            | 3  | 7  | 16    |
|                             | 20-30                     | 5            | 3  | 6  | 14    |
|                             | >20                       | 1            | 1  | 2  | 4     |
| Total                       |                           | 54           | 60 | 53 | 167   |
| Gender                      | Feminine                  | 40           | 52 | 34 | 126   |
|                             | Male                      | 13           | 9  | 19 | 41    |
| Total                       |                           | 53           | 61 | 53 | 167   |
| Level of education attended | Without schooling         | 15           | 14 | 10 | 39    |
|                             | 1st Cycle                 | 21           | 22 | 21 | 64    |
|                             | 2nd cycle                 | 7            | 9  | 9  | 25    |
|                             | 3rd Cycle                 | 6            | 6  | 2  | 14    |
|                             | High School Supplementary | 2            | 4  | 5  | 11    |
|                             | Technical Training Course | 2            | 1  | 1  | 4     |
|                             | Bachelor / Middle Course  | 1            | 0  | 4  | 5     |
|                             | Graduation/ Higher        | 0            | 4  | 1  | 5     |
| Total                       |                           | 54           | 60 | 53 | 167   |
| Professional Status         | did not answer            | 0            | 3  | 2  | 5     |
|                             | unemployed                | 8            | 5  | 3  | 16    |
|                             | reformed                  | 25           | 29 | 22 | 76    |
|                             | student                   | 1            | 0  | 3  | 4     |
|                             | Unpaid Others             | 18           | 17 | 16 | 51    |
|                             | Self-employed             | 2            | 6  | 7  | 15    |
| Total                       |                           | 54           | 60 | 53 | 167   |

The questionnaires took place over two months after completion of the pretest. At the same time they were built the database for further statistical processing of the information in the Statistical Package for Social Sciences (SPSS ®) version 18. For the data collected we used descriptive statistics (frequencies and percentages) and Spearman correlation coefficient with a significance level of 0.05. Consent was obtained from ARSA (No. 11/2007), covering all the ethical aspects of data collection with human beings.

RESULTS AND DISCUSSION

Access to healthcare is a right enshrined in the Charter of Fundamental Rights of the European Union. This approach focuses on the analysis of health policies, the demand / supply relationship, the use of existing resources and how they are used and the social representations of health / disease process.<sup>7</sup>

Questionnaires were administered to 167 users, predominantly female, where the majority of users has the maximum qualification first cycle and they are retired. It was found that most respondents has 50 or more years-old, as seen in Table 1.

In Portugal, in early of 2005 it was felt the

need to restructure the Primary Health Care. The starting point was the low level of satisfaction of all stakeholders, from citizens to professionals and policy makers, motivated by the low accessibility, inefficiency, bureaucratic barriers and lack of incentives to improve productivity and quality.<sup>8:526</sup>

Concerning the level of satisfaction with the services provided (Picture 1) in the current health center, users who have 60 or more years-old are the ones who are mostly satisfied, There are significant differences in satisfaction and educational variables (= - 0.207 p167 ; P167 = 0.007).



Picture 1: Level of satisfaction with the services provided by the current Health Center

As it can be seen in Table 2, most users consider good the image of the current health center, statistically significant differences according to the health center ( $p_{167} = -0.245$ ;  $P_{167} = 0.001$ ). Also the quality of the current health center is good, statistically significant differences according to employment status ( $p_{167} = -0.193$ ;  $P_{167} = 0.012$ ).

About the distance they must travel to access care in the new health center, the

majority of respondents consider it good, the same is true for the physical characteristics of the current health center. Correlating with the independent variables, we found that there are significant differences in the variable Occupation ( $p_{165} = -0.210$ ;  $P_{165} = 0.007$ ).

Table 2. Feedback from users regarding the current health center

|                                                                             |                | Health Center |    |    | Total |
|-----------------------------------------------------------------------------|----------------|---------------|----|----|-------|
|                                                                             |                | A             | B  | C  |       |
| Image of the current Health Centre                                          | Terrible       | 0             | 0  | 1  | 1     |
|                                                                             | Bad            | 2             | 0  | 0  | 2     |
|                                                                             | Acceptable     | 1             | 13 | 12 | 26    |
|                                                                             | Good           | 39            | 43 | 36 | 118   |
|                                                                             | Very good      | 12            | 4  | 4  | 20    |
|                                                                             | Don't know     | 0             | 0  | 1  | 1     |
| Total                                                                       |                | 54            | 60 | 53 | 167   |
| Quality of the current Health Center                                        | Terrible       | 1             | 0  | 0  | 1     |
|                                                                             | Bad            | 1             | 1  | 2  | 4     |
|                                                                             | Acceptable     | 3             | 12 | 10 | 25    |
|                                                                             | Good           | 39            | 44 | 34 | 117   |
|                                                                             | Very good      | 10            | 2  | 6  | 18    |
|                                                                             | Don't know     | 0             | 1  | 1  | 2     |
| Total                                                                       |                | 54            | 60 | 53 | 167   |
| Geographical factors (distance they must travel to access to care)          | Bad            | 12            | 3  | 4  | 19    |
|                                                                             | Acceptable     | 15            | 19 | 15 | 49    |
|                                                                             | Good           | 23            | 33 | 22 | 78    |
|                                                                             | Very good      | 3             | 5  | 10 | 18    |
|                                                                             | Don't know     | 0             | 0  | 2  | 2     |
| Total                                                                       |                | 53            | 60 | 53 | 166   |
| Organizational Factors (distribution and / or lack of health professionals) | Bad            | 1             | 9  | 3  | 13    |
|                                                                             | Acceptable     | 12            | 23 | 22 | 57    |
|                                                                             | Good           | 30            | 26 | 18 | 74    |
|                                                                             | Very good      | 7             | 2  | 6  | 15    |
|                                                                             | Very satisfied | 3             | 0  | 1  | 4     |
|                                                                             | Don't know     | 1             | 0  | 3  | 4     |
| Total                                                                       |                | 54            | 60 | 53 | 167   |
| Physical characteristics of the current Health Center                       | Bad            | 1             | 3  | 1  | 5     |
|                                                                             | Acceptable     | 4             | 5  | 9  | 18    |
|                                                                             | Good           | 43            | 43 | 23 | 109   |
|                                                                             | Very good      | 5             | 9  | 17 | 31    |
|                                                                             | Don't know     | 0             | 0  | 2  | 2     |
| Total                                                                       |                | 53            | 60 | 52 | 165   |

About the degree of organization of the health center we found statistically significant differences regarding age ( $p_{166} = -0.186$ ;  $p_{166} = 0.016$ ), level of education attended ( $p_{166} = -0.159$ ;  $p_{166} = 0.040$ ), the employment status of respondents ( $p_{166} = -0.282$ ;  $p_{166} = 0.000$ ) and the health center to which they belong ( $p_{166} = -0.169$ ;  $p_{166} = 0.029$ ).

Most (98.8%) of users surveyed have a family doctor and of these 25.6% reported having a family doctor for 10-15 years. For 49.4% of users the average waiting time for a routine visit ranges from one (35.7%) at two weeks (13.7%), statistically significant differences between the health centers ( $p_{162} = -0.452$  ;  $p_{162} = 0.000$ ). As for the waiting time for urgent consultations, 82.7% said they

were treated on the same day.

When asked about the waiting time for the doctor to be served (on the appointment), 25.6% reported waiting less than 30 minutes and 21.4% reported, respectively, to wait over an hour ( $> 1$ ), less than one hour ( $< 1$ ) to be attended by the doctor, statistically significant differences between the health centers ( $p_{162} = 0.218$ ;  $p_{162} = 0.005$ ).

Regarding the waiting time for nurses (over the appointment), 65.5% said that this time is less than 30 minutes and there were statistically significant differences between the health centers ( $p_{164} = -0.172$ ;  $p_{164} = 0.028$ ).

With regard to opening hours of the current health center, most users (54.2%) expressed agreement with this same time, statistically significant differences between the health centers ( $p_{167} = -0.155$ ;  $P_{167} = 0.045$ ), age groups ( $p_{167} = -0.356$ ;  $P_{167} = 0.000$ ), level of education attended ( $p_{167} = -0.340$ ;  $P_{167} = 0.000$ ) and occupational status ( $p_{167} = -0.231$ ;  $P_{167} = 0.003$ ).

Since the main barriers to care are related to physical factors should be taken into account other factors, including the interactions between professionals / users, as they often can become very frustrating experiences. Observing a few basic rules can obtain better results and more positive interactions. It is essential to respect cultural differences, serve all people with respect, listen carefully to any information / instruction that the user may want to convey, to respect the time of the wearer, either in terms of communication, whether in terms of travel, meeting the established schedules; promptly provide all information required by users or carers; to be able to refer users

appropriately. There are still considering the social position of individuals, since it is known that on the demand / supply relationship, individual mobility is greater the higher the income of the population and the provision of better quality medical care varies inversely to the needs of population served.<sup>9</sup>

By analyzing the results regarding satisfaction with the performance of different professionals of the current health center, particularly with regard to their ability to perform functions, communication skills (friendliness, courtesy and availability) and with respect to the information provided, as can be seen in Table 3, most of them considered it good, except for the auxiliaries, relative to the information provided and was considered poor. Making the correlation of these variables of different professionals with the independent variables, we found statistically significant differences with regard to information provided by doctors ( $p_{167} = -0.209$ ;  $P_{167} = 0.007$ ), nurses ( $p_{167} = -0.281$ ;  $P_{167} = 0.000$ ) and the administrative ( $p_{167} = -0.153$ ;  $P_{167} = 0.048$ ) in each health center and even the assistants respectively according to the level of education attended ( $p_{167} = 0.189$ ;  $P_{167} = 0.015$ ). With regard to skills, also statistically significant differences in nurses ( $p_{167} = -0.271$ ;  $P_{167} = 0.000$ ) and the administrative staff ( $p_{167} = -0.174$ ;  $P_{167} = 0.025$ ) in each health center. Regarding communication skills, we found statistically significant differences between nurses and health center ( $p_{167} = -0.264$ ;  $P_{167} = 0.001$ ) between the auxiliary and the level of education attended ( $p_{167} = 0.163$ ;  $P_{167} = 0.035$ ).

**Table 3.** Feedback from users of the health centers for skills, communication skills and the information provided by professionals.

| Professionals        |               | Competences performance of functions (%) | Communicative complimentary capabilities (%) | Provided Information (%) |
|----------------------|---------------|------------------------------------------|----------------------------------------------|--------------------------|
| Doctors              | Bad           | 2,4                                      | ,6                                           | 1,8                      |
|                      | Acceptable    | 10,1                                     | 10,7                                         | 11,3                     |
|                      | Good          | 61,3                                     | 60,7                                         | 65,5                     |
|                      | Very good     | 25,6                                     | 27,4                                         | 20,2                     |
| Nurses               | Acceptable    | 7,1                                      | 8,3                                          | 8,9                      |
|                      | Good          | 63,7                                     | 60,7                                         | 60,7                     |
|                      | Very good     | 26,8                                     | 28,6                                         | 28,0                     |
|                      | Don't know    | 1,8                                      | 1,8                                          | 1,8                      |
| Administrative Staff | Bad           | 3,0                                      | 1,2                                          | 1,8                      |
|                      | Acceptable    | 25,6                                     | 25,0                                         | 25,0                     |
|                      | Good          | 60,1                                     | 58,9                                         | 60,1                     |
|                      | Very good     | 8,9                                      | 12,5                                         | 11,3                     |
| Assistants           | Don't know    | 1,2                                      | ,6                                           | ,6                       |
|                      | Didn't answer | ,6                                       | ,6                                           | ,6                       |
|                      | Bad           | ,6                                       | ,6                                           | 53,6                     |
|                      | Acceptable    | 19,0                                     | 17,9                                         | 17,9                     |
|                      | Good          | 54,2                                     | 54,8                                         | 0                        |
|                      | Very good     | 10,1                                     | 10,7                                         | 9,5                      |
|                      | Don't know    | 13,7                                     | 13,1                                         | 16,1                     |
|                      | Didn't answer | 1,8                                      | 2,4                                          | 2,4                      |

Most clients (53.6%) believes that the information provided by the current health center, given the doubts raised is good. As for the information provided by the center in terms of the user guide, 33.9% reported not knowing the Guide and 24.4% said to have a good opinion about this same guide. The same trend can be seen when referring to information provided by the health center on the means of complaints / suggestions (office users), where 29.2% say good and 28% do not know. There are significant differences between the questions raised by the user ( $p_{167} = -0.271$ ;  $P_{167} = 0.000$ ), and the means of complaint ( $p_{163} = 0.213$ ;  $p_{163} = 0.006$ ) and the variable health center, between the variable means of complaint and level of education attended ( $p_{163} = -0.170$ ;  $p_{163} = 0.030$ ) and occupational status ( $p_{163} = -0.161$ ;  $p_{163} = 0.041$ ).

The results obtained on the premises of the current health center and which draws on the signage of services (internal and external), most users (56%) consider it good. Similarly, 44% considered good means of support for the handicapped (motor and visual). It should be noted that for this variable there were statistically significant differences in relation to employment status.

In terms of facilities, we can find a mostly favorable opinion as regards the equipment of the current health center, considered good for 70.8% of respondents, with differences statistically significant correlation with the health centers ( $p_{166} = -0.278$  ;  $p_{166} = 0.000$ ). The same trend is observed in relation to hygiene and cleanliness (71.4%) but statistically significant correlation with the health centers ( $p_{165} = -0.250$ ;  $p_{1665} = 0.001$ ).

In relation to the comfort and privacy for, respectively, 70.2% and 68.5% of the users consider it good and there was no statistically significant differences in correlation with the health centers ( $p_{167} = -0.189$ ;  $p_{166} = 0.014$  ) and ( $p_{167} = -0.176$ ;  $p_{166} = 0.023$ ) respectively.

The toilet facilities are also classified as good, the majority (56%) and very good by 14.3% of respondents. The physical environment is considered good by 60.1% of clients and acceptable by 19% and there was no statistically significant differences in correlation with the level of education attended ( $p_{167} = -0.178$ ;  $p_{166} = 0.021$ ).

Regarding the creation of environments for affordable health care in terms of organization does not have to be expensive. According to new approaches, accessibility features generally do not increase costs. <sup>9</sup> And it is necessary to guarantee access to health care for disadvantaged groups. Given these assumptions, we can say that accessibility may be influenced by different factors, include: 1) Financial (insufficient funds), 2) Geographical (eg distance that must travel to access care), 3) Organisational (poor distribution and / or lack of health professionals), 4) Sociological (discrimination, language barriers, and others)<sup>10</sup>

The suggestions made by users to improve accessibility to health care include changes to the physical environment, human resources, of diagnostic aids, the extension of hours charged, the service and the signaling of the health center. Here are the suggestions made by users: (1) More human resources, particularly doctors and nurses, (2) Implementation of improvements to air

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conditioning: air conditioning, (3) Extension of hours of the center, including the Service Permanent Service, (4) Improvements in customer assistance, (5) Placement of "food machinery" in the waiting room, (6) Placement of TV in the waiting room.

## CONCLUSION

The introduction of organizational changes to improve access to health care was the goal that presided over the changes made by ARSA analyzed in the health centers. From the study it can be stated that from the point of view of users surveyed, this goal was achieved. Expressed in the responses, it appears that users are satisfied with either the image or with care or with the installations of new health centers.

In more detail it was found that responded mostly females who are over 60 years-old. Most of these respondents have a family doctor for over 15 years, the waiting time for a routine visit ranges from one to four weeks, depending on the health center. When you need an emergency appointment, the majority of the inquired said that it occurred the same day.

When asked about the time of waiting for the doctor, to be served, (over the appointment), it was mostly referred to the wait ranged from one to two hours. With regard to the waiting time for the nurse (marked on the hour), they said this time was less than 30 minutes. With regard to opening hours of the current health center, in two centers most users gave its assent to the same time. Users of other health center manifested mainly against the current operating hours of the center.

Users of two health centers analyzed consider, mostly, good or very good the performance of the different professional groups such centers. Users of the third health center manifests itself negatively on the performance of auxiliary grading their skills and communication skills as poor. For other professional groups follow the trend of the centers of users already mentioned and, therefore, considered good performance of them.

With regard to information provided in terms of guide User, a significant percentage of users say that they don't know the Patient Guide and they didn't receive this same guide. The same trend can be seen when referring to information provided by the center on the means of complaints / suggestions (office users), in which about a third of users are

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unaware of the existence of this resource in these health centers.

In relation to the installations of current health centers (from the signs of the services to support resources for the disabled people, the waiting room, offices for consultation and treatment rooms), most users consider them good or very good, the same is not true about the utilities (telephone, ATMs, TV, bar supplies) available to users. Here, opinions are frankly negative in two health centers and acceptable in the third health center.

It should be noted that the overall satisfaction with the changes in the three health centers, can be measured when, in terms of quality of care, an overwhelming majority of users recommended and advised the health center or a family member friend, if that needed care.

In terms of suggestions it should be noted that only a minority of respondents pronounced. Those that were presented emerge as dominant themes to improve the accessibility of care, common to all three health centers, the factors related to human resources, hours of operation, the physical environment, utilities and improvements in customer assistance.

From the analysis in relation to customer satisfaction, it is concluded that in general they are satisfied with the changes and that resulted in improvements in accessibility to health care centers in analysis but, nevertheless, there are specific situations, as above, it is necessary to intervene and correct in each center (human resources, customer assistance, physical environment and utilities).

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