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RESEARCH

Perception of patients on their relations with physicians

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Abstract

Communicating properly is fundamental to improve physician-patient relations and the quality of health care. Considering this, the current study analyzed the perception of 200 patients in Aracaju/SE, Brazil, on their relations with physicians. This is an exploratory, cross-sectional, descriptive and quantitative study with the application of a questionnaire. The sample was composed of young adults, females (71.5%), single (50.0%), without higher education (47.5%) and mainly attended in public hospitals (26.5%). A favorable environment for a good physician-patient relationship concerns not only the hospital infrastructure, but also the communication skills of health professionals. Regarding the relationship with physicians, most patients are satisfied (86%) and declared trust in the professionals (84%). Patient privacy was respected in most cases.
Keywords: Perception. Patients. Physicians. Medical assistance.

Resumo

Percepção de pacientes sobre sua relação com médicos

A comunicação adequada é fundamental para a relação médico-paciente e para melhorar a qualidade dos atendimentos. Diante disso, o objetivo deste estudo foi conhecer a percepção de 200 pacientes na cidade de Aracaju/SE sobre sua relação com os médicos. Trata-se de estudo exploratório, transversal, descritivo e quantitativo, com aplicação de questionário. A amostra foi composta majoritariamente por adultos jovens, do sexo feminino (71,5%), solteiros (50%), sem nível superior (47,5%), atendidos principalmente em hospitais da rede pública (26,5%). Um ambiente favorável para a boa relação médico-paciente depende não apenas da infraestrutura clínico-hospitalar, mas também da habilidade comunicativa dos profissionais. Quanto à relação com os médicos, a maioria relatou estar satisfeita (86%) e confiar nos profissionais (84%). A privacidade do paciente também foi respeitada na maioria dos casos.
Palavras-chave: Percepção. Pacientes. Médicos. Assistência médica.

Resumen

Percepción de los pacientes sobre su relación con los médicos

La comunicación adecuada es fundamental para la relación médico-paciente y para mejorar la calidad de la atención. Este estudio tuvo como objetivo conocer la percepción de 200 pacientes en la ciudad de Aracaju, capital del estado de Sergipe, Brasil, sobre su relación con los médicos. Se trata de un estudio exploratorio, transversal, descriptivo y cuantitativo, con aplicación de un cuestionario. La muestra estuvo formada mayoritariamente por adultos jóvenes, del sexo femenino (71,5%), solteros (50%), sin nivel superior (47,5%), atendidos principalmente en hospitales de la red pública (26,5%). Un ambiente favorable para la buena relación médico-paciente depende no solo de la infraestructura clínico-hospitalaria, sino también de la habilidad comunicativa de los profesionales. En cuanto a la relación con los médicos, la mayoría relató estar satisfecha (86%) y confiar en los profesionales (84%). También se respetó la privacidad del paciente en la mayoría de los casos.
Palabras clave: Percepción. Pacientes. Médicos. Asistencia médica.

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Physician-patient relations has peculiarities rarely found in other relationships, especially when involving illness. The disease puts the patient in situations of fragility, and he expects the clinician to cure or relieve symptoms, and also to understand and to support him in this difficult moment [1]. Therefore, adequate communication is fundamental for the health professional-patient relationship, promoting greater adherence to the treatment and care for health needs [1,2].

In this contact, physicians' performance stimulates several feelings in patients, whose behavior will be modulated by this set of emotions [3]. If well established, this relationship may determine the effectiveness of the encounter between these subjects and, for this, it must be based on certain foundations: patients must trust doctors to express themselves and tell the professionals what is afflicting them [4]. This trust depends partially on the professional's empathy, who must understand the patients and let them feel comfortable and welcomed during the medical consultation [5,6].

With the Internet, the patient has access to more information, enabling them to interact more with the health professional during care [7] – however, this knowledge can ease or hinder their relationship [8]. Several professionals report that dealing with the sick is impaired by the difficulty of health services users in finding safe sources and understanding the information acquired.

However, according to Coelho, Coelho and Cardoso, studies show that the doctor is still the main source of information for ill people, and the Internet is only *additional resource to support the physician-patient relationship* [9], used by the patient with the intention of collaborating with the professional. Thus, the patient must have their autonomy respected, being able to express their opinion and choose among the therapeutic possibilities proposed [8].

In the legal field, since the 1960s, several factors have influenced the increase in lawsuits against health professionals. However, studies show that, although most lawsuits were related to patients with serious injuries or problems resulting from medical procedures, many demands were based on the insatisfaction of the sick or family members with the communication of health professionals [10,11].

Therefore, these professionals must know how to establish a good relationship with users of health services, favoring interpersonal relationships and the humanization of medical services [1,2,12]. In this sense, for more than two decades, national and international guidelines have advised the teaching of communicative skills in medical schools, as they benefit the health services [10,13,14].

This study aims to know the profile and perception of patients about the relationship established with physicians working in health centers in Aracaju, Sergipe, Brazil. Furthermore, we analyzed the conditions of the health care services provided to citizens, as they can help or hinder the relationship in question.

Method

This is an exploratory, cross-sectional, descriptive and quantitative study conducted in the city of Aracaju, Sergipe, Brazil, with data collected in 2016. For the sample estimation, we considered the city has a predominantly urban population of about 570,000 inhabitants [15]. Only patients with more than 18 years and treated in public and private health centers were selected for the study. The participants also agreed to sign the informed consent form after proper study detailing, without any other exclusion criteria.

A simple random sample was established according to the formula used by Gil [16] for infinite populations (above 100,000 inhabitants), with a confidence level of 95% and maximum allowed error of 6%. Considering the hypothesis that at least 10% of patients have a positive perception about their relations with physicians, a minimum number of 100 participants was established. However, the researchers conducted a broader collection, with 200 patients.

The questionnaire applied included seven socioeconomic questions and 40 questions related to the communication process between patients and physicians. The questionnaires were self-administered, easy and quick to complete. The data obtained were described by simple and percentage frequencies when involving categorical variables, means, and standard deviation when continuous or ordinal. The Fisher's exact test was used to evaluate the association between categorical variables; Pearson's correlation was used for the mean differences and to analyze the correlations between continuous or ordinal variables. The significance level adopted was 5%, and the software used was the R Core Team 2016.

Results

Most participants were female (71.5%), without higher education (47.5%), single (50%) and mean age of 34.9 years. Almost half of them (45%) was attended in the Brazilian Unified Health System (SUS) and approached mainly in a public hospital (26.5%). Data regarding the profile of users and places of approach are shown in Table 1.

Table 1. Profile of patients interviewed (Aracaju, Sergipe, Brazil, 2016)

Characteristic	n (%)
Gender	
Male	57 (28.5)
Female	143 (71.5)
Schooling level	
Incomplete elementary school	38 (19.0)
Complete elementary school	14 (7.0)
Incomplete high school	9 (4.5)
Complete high school	34 (17.0)
Incomplete higher education	49 (24.5)
Complete higher education	33 (16.5)
Graduate studies	20 (10.0)
Absent answer	3 (1.5)
Marital status	
Single	100 (50.0)
Married	80 (40.0)
Widow(er)	6 (3.0)
Divorced	5 (2.5)
Other	9 (4.5)
Type of health service	
Medical insurance/health plan	85 (42.5)
SUS	90 (45.0)
Private	25 (12.5)
Location	
Public hospital	53 (26.5)
Private Hospital	42 (21.0)
University hospital	16 (8.0)
Family Health Unit	7 (3.5)
Other	80 (40.0)
Absent answer	2 (1.0)

According to Table 2, most patients were able to schedule the appointment within one week (39%), and this facility was greater among patients treated by public or private health services (p<0.001). Patients were attended mainly in order of arrival (69.5%), and the waiting time was less than one hour in most cases (66%). Users of all types of health services considered the structure of the building (79%) and the structure of the office (79%) as adequate, being the public health service the least well-rated environment in both aspects (p<0.001).

Most of the participants who considered the structure of the office as inappropriate complained of poor ventilation (36.7%), and this complaint was exclusive for public health service patients. Other problems reported were inappropriate hygiene (13.3%) and lighting (6.7%), lack of medical materials (10%), lack of privacy (6.7%) and lack of comfort (20%).

Most patients reported professionals' punctuality (63%) – the least punctual physicians were those who attended health insurance plans, followed by SUS physicians, however without a significant difference between health services (p>0.05). Regarding the interaction between physicians and patients, participants said that in general the professionals were friendly (82%), getting up from the chair when they entered the room (45%) and greeting them with a handshake (51.5%). Respondents (84.5%) also reported liking the professional.

During the consultation, 75.5% of the patients were called by their name, and 85% stated that they had been treated well by the physician. In 84% of the cases, physicians showed confidence to users, especially in private care, but no statistical differences were verified between health services (p>0.05).

Regarding the physician's appearance, 94.5% of the patients considered it adequate and, in cases of inadequacy, the clothing should be improved. In 76.5% of the cases, participants stated that the physician maintained visual contact, with SUS users showing greater dissatisfaction; 80% of the patients considered that the professional could understand what was said. Patients with health insurance plan had more complains (17.7%), followed by SUS patients (14.4%), however without statistically significant difference.

In 26.5% of the consultations, physical examinations were not performed, which were more frequent in private health services (88%). When they were performed, 24.3% of the professionals did not wash their hands when examining the patient, and in 49.7% of the exams no one else was present in the room, besides doctor and patient. Physicians requested additional exams in 60% of cases and 35% explained its importance. According to the respondents, 13.5%

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of the consultations were interrupted, either because the doctor answered the cell phone or the phone (11.1%), or because he received someone in the room (11.1%). In most appointments, patients had their privacy respected (92%), and the public health service patients were the most unsatisfied with this aspect (p=0.046). Most consultations lasted between 10 and 15 minutes and private patients, followed by those with health insurance, had longer consultations (p<0.001).

Most said the doctor explained their illness (84.5%), with the highest percentages in health insurance plans and private care (p=0.008). In 61% of the appointments, medication was prescribed, whose use was understood by the patient in 36.9% of the cases and whose prescription was understood by 77.6% of the participants, with no significant difference between the health services (p>0.05).

In 85.5% of the cases, the physicians said goodbye to the patient at the end of the appointment. Most patients were satisfied with the care (86%), with no statistical differences between the health services (p>0.05). The mean score given by patients to physicians was 8.9.

Table 2. User satisfaction with infrastructure, agility of care in the facilities and medical care (Aracaju, Sergipe, Brazil, 2016)

Question	Health insurance plan n (%)	SUS n (%)	Private n (%)
How long have you scheduled this exam/return/appointment?			
Up to one week	21 (24.7)	40 (44.4)	17 (68.0)
Two weeks ago	23 (27.0)	11 (12.2)	5 (20.0)
A month ago	20 (23.5)	8 (8.9)	2 (8.0)
More than a month ago	19 (22.4)	8 (8.9)	1 (4.0)
Absent answer	2 (2.4)	23 (25.6)	0 (0.0)
Was your appointment scheduled or in order of arrival?			
Scheduled appointment	35 (17.5)		
Order of arrival	139 (69.5)		
Priority service	6 (3.0)		
Absent answer	20 (10.0)		
How long did you wait to be attended on the day of the appointment/exam/return?			
Less than 15 minutes	8 (9.4)	16 (17.8)	3 (12.0)
Between 15 and 30 minutes	34 (40.0)	16 (17.8)	4 (16.0)
Between 30 minutes and 1 hour	22 (25.9)	20 (22.2)	9 (36.0)
More than 1 hour	19 (22.4)	14 (15.5)	9 (36.0)
Absent answer	2 (2.3)	24 (26.7)	0 (0.0)
Have you been attended to after this waiting time?			
Yes	159 (79.5)		
No	20 (10.0)		
Absent answer	21 (10.5)		
Did you consider the facilities suitable?			
Yes	79 (92.9)	55 (61.1)	24 (96.0)
No	4 (4.7)	31 (34.5)	1 (4.0)
Absent answer	2 (2.4)	4 (4.4)	0 (0.0)
Did you consider the structure of the office as proper?			
Yes	79 (92.9)	56 (62.2)	23 (92.0)
No	4 (4.7)	25 (27.8)	1 (4.0)
Absent answer	2 (2.4)	9 (10.0)	1 (4.0)
If not, was there lack of hygiene?			
Yes	0 (0.0)	4 (16.0)	0 (0.0)
No	1 (25.0)	9 (36.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of ventilation?			
Yes	0 (0.0)	11 (44.0)	0 (0.0)

continues...

Table 2. Continuation

Question	Health insurance plan n (%)	SUS n (%)	Private n (%)
No	1 (25.0)	2 (8.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of lighting?			
Yes	0 (0.0)	2 (8.0)	0 (0.0)
No	1 (25.0)	11 (44.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of medical supplies?			
Yes	0 (0.0)	3 (12.0)	0 (0.0)
No	1 (25.0)	10 (40.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of comfort?			
Yes	0 (0.0)	6 (24.0)	0 (0.0)
No	1 (25.0)	7 (28.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of privacy?			
Yes	0 (0.0)	2 (8.0)	0 (0.0)
No	1 (25.0)	11 (44.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
If not, was there lack of any other aspect?			
Yes	1 (25.0)	1 (4.0)	0 (0.0)
No	0 (0.0)	12 (48.0)	0 (0.0)
Absent answer	3 (75.0)	12 (48.0)	1 (100.0)
Are the equipment for complementary exams working?			
Yes	46 (54.1)	38 (42.2)	17 (68.0)
No	0 (0.0)	2 (2.2)	2 (8.0)
I do not know	35 (41.2)	46 (51.1)	5 (20.0)
Absent answer	4 (4.7)	4 (4.5)	1 (4.0)
Was the medication always available in the institution's pharmacy?			
Yes	10 (11.8)	35 (38.9)	1 (4.0)
No	1 (1.2)	8 (8.9)	0 (0.0)
I do not know	17 (20.0)	30 (33.3)	6 (24.0)
There is no pharmacy in the institution	52 (61.2)	13 (14.5)	18 (72.0)
Absent answer	5 (5.8)	4 (4.4)	0 (0.0)
Was the physician punctual?			
Yes	52 (61.2)	54 (60.0)	20 (80.0)
No	31 (36.5)	17 (18.9)	4 (16.0)
Absent answer	2 (2.3)	19 (21.1)	1 (4.0)
Did you like the physician?			
Yes	67 (78.8)	79 (87.8)	23 (92.0)
No	7 (8.2)	6 (6.7)	1 (4.0)
I do not know	9 (10.6)	1 (1.1)	1 (4.0)
Absent answer	2 (2.4)	4 (4.4)	0 (0.0)
Was the physician friendly in welcoming and greeting you?			
Yes	68 (80.0)	72 (80.0)	24 (96.0)
No	5 (5.9)	6 (6.7)	0 (0.0)
They did not greet me	10 (11.8)	7 (7.7)	1 (4.0)
Absent answer	2 (2.3)	5 (5.6)	0 (0.0)

continues...

Table 2. Continuation

Question	Health insurance plan n (%)	SUS n (%)	Private n (%)
Did the physician get up when you came into the room?			
Yes	46 (54.1)	31 (34.4)	13 (52.0)
No	37 (43.5)	45 (50.0)	12 (48.0)
Absent answer	2 (2.4)	14 (15.6)	0 (0.0)
Did the physician shake your hand?			
Yes	52 (61.2)	34 (37.8)	17 (68.0)
No	31 (36.5)	50 (55.6)	8 (32.0)
Absent answer	2 (2.3)	6 (6.6)	0 (0.0)
Did the physician call you by your name?			
Yes	67 (78.8)	60 (66.7)	24 (96.0)
No	16 (18.8)	25 (27.8)	1 (4.0)
Absent answer	2 (2.4)	5 (5.5)	0 (0.0)
Concerning appearance, was the physician suitable for care?			
Yes	81 (95.2)	84 (93.4)	24 (96.0)
No	2 (2.4)	1 (1.1)	1 (4.0)
Absent answer	2 (2.4)	5 (5.5)	0 (0.0)
If not, in which aspects did the physician need to improve?			
Clothing	4 (100.0)		
Have you been treated well by the physician?			
Yes	75 (88.2)	71 (78.9)	24 (96.0)
No	2 (2.4)	4 (4.4)	0 (0.0)
Indifferent	6 (7.0)	10 (11.1)	1 (4.0)
Absent answer	2 (2.4)	5 (5.6)	0 (0.0)
Was the physician nice to you throughout the appointment?			
Yes	71 (83.5)	70 (77.8)	23 (92.0)
No	5 (5.9)	7 (7.7)	1 (4.0)
Indifferent	7 (8.2)	8 (8.9)	1 (4.0)
Absent answer	2 (2.4)	5 (5.6)	0 (0.0)
Did the physician give you confidence?			
Yes	71 (83.5)	74 (82.2)	23 (92.0)
No	8 (9.4)	6 (6.7)	1 (4.0)
I do not know	4 (4.7)	4 (4.4)	1 (4.0)
Absent answer	2 (2.4)	6 (6.7)	0 (0.0)
Did the physician make eye contact with you?			
Yes	70 (82.3)	61 (67.8)	22 (88.0)
No	13 (15.3)	24 (26.7)	3 (12.0)
Absent answer	2 (2.4)	5 (5.5)	0 (0.0)
Do you think the physician can understand everything you say in the consultation?			
Always	67 (78.8)	71 (78.9)	22 (88.0)
Sometimes	15 (17.7)	11 (12.2)	3 (12.0)
Rarely	0 (0.0)	2 (2.2)	0 (0.0)
Absent answer	3 (3.5)	6 (6.7)	0 (0.0)
Did the doctor carry out a physical exam?			
Yes	58 (68.2)	60 (66.7)	22 (88.0)
No	25 (29.4)	25 (27.8)	3 (12.0)
Absent answer	2 (2.4)	5 (5.5)	0 (0.0)

continues...

Table 2. Continuation

Question	Health insurance plan n (%)	SUS n (%)	Private n (%)
If yes, did the physician wash his hands?			
Yes	10 (17.2)	11 (18.3)	2 (9.1)
No	12 (20.7)	18 (30.0)	4 (18.2)
Absent answer	36 (62.1)	31 (51.7)	16 (72.7)
If yes, besides the physician, was anyone else present during the physical examination?			
Yes, a companion	48 (34.4)		
Yes, an assistant of services	22 (15.9)		
No	70 (49.7)		
Did the physician order additional tests?			
Yes	56 (65.9)	46 (51.1)	18 (72.0)
No	27 (31.8)	38 (42.2)	7 (28.0)
Absent answer	2 (2.3)	6 (6.7)	0 (0.0)
If yes, did the physician explain the importance of this test?			
Yes	18 (32.1)	22 (47.8)	2 (11.1)
No	3 (5.4)	4 (8.7)	1 (5.6)
Absent answer	35 (62.5)	20 (43.5)	15 (83.3)
Was there any interruption during the consultation?			
Yes	15 (17.6)	9 (10.0)	3 (12.0)
No	68 (80.0)	75 (83.3)	22 (88.0)
Absent answer	2 (2.4)	6 (6.7)	0 (0.0)
If yes, what kind of interruption?			
Doctor answered cell phone/phone	3 (11.1)		
The doctor received someone in the room	3 (11.1)		
Others	2 (7.4)		
Absent answer	19 (70.4)		
Was your privacy respected during medical care/hospitalization?			
Yes	83 (97.6)	77 (85.6)	24 (96.0)
No	2 (2.4)	10 (11.1)	1 (4.0)
Absent answer	0 (0.0)	3 (3.3)	0 (0.0)
How long did your appointment last?			
Up to 5 minutes	2 (2.4)	10 (11.1)	0 (0.0)
Between 5 and 10 minutes	8 (9.4)	13 (14.5)	2 (8.0)
Between 10 and 15 minutes	20 (23.5)	27 (30.0)	7 (28.0)
Between 15 and 20 minutes	16 (18.8)	19 (21.1)	1 (4.0)
Between 20 and 25 minutes	8 (9.4)	2 (2.2)	6 (24.0)
Between 25 and 30 minutes	11 (12.9)	8 (8.9)	1 (4.0)
Longer than 30 minutes	18 (21.2)	3 (3.3)	3 (12.0)
Others	0 (0.0)	1 (1.1)	5 (20.0)
Absent answer	2 (2.4)	7 (7.8)	0 (0.0)
Did the doctor explain what you had?			
Yes	78 (91.8)	67 (74.4)	24 (96.0)
No	5 (5.9)	17 (18.9)	1 (4.0)
Absent answer	2 (2.3)	6 (6.7)	0 (0.0)
Did the physician prescribe any medication?			
Yes	122 (61.0)		
No	69 (34.5)		
Absent answer	9 (4.5)		

continues...

Table 2. Continuation

Question	Health insurance plan n (%)	SUS n (%)	Private n (%)
If yes, did you understand how to use the medication?			
Yes	45 (36.9)		
No	2 (1.6)		
The physician did not explain	1 (0.8)		
Absent answer	74 (60.7)		
Did you understand what was written on the prescription?			
Yes	95 (77.6)		
No	27 (22.4)		
Did the physician say goodbye at the end of the appointment?			
Yes	76 (89.4)	71 (78.9)	24 (96.0)
No	6 (7.1)	12 (13.3)	1 (4.0)
Absent answer	3 (3.5)	7 (7.8)	0 (0.0)
Were you satisfied with the appointment?			
Yes	76 (89.4)	73 (81.1)	23 (92.0)
No	7 (8.2)	10 (11.1)	1 (4.0)
Absent answer	2 (2.4)	7 (7.8)	1 (4.0)

In relation to hospitalized patients, most of them were treated in public health services (80.9%) and were hospitalized mainly in the infirmary (92.6%). In 14.7% of the cases, the patient had to wait more than one day to get a bed, prevailing this occurrence in the health insurance plan service. In 55.9% of hospitalizations, the patient was treated by different physicians, and 21.1% of the respondents believe that this fact impaired their recovery. Users were evaluated daily by physicians in 91.2% of the cases and 82.4% of them considered that the physician's visit time was sufficient (Table 3).

Table 3. Satisfaction of hospitalized patients (Aracaju, Sergipe, Brazil, 2016)

Variable	Private n (%)	Health insurance plan n (%)	SUS n (%)
Type of hospitalization	1 (1.5)	12 (17.6)	55 (80.9)
Place of hospitalization			
Infirmary	63 (92.6)		
Apartment	4 (5.9)		
Intensive care unit	1 (1.5)		
How long did you wait for the hospital bed?			
There was no wait time	1 (100.0)	7 (58.3)	42 (76.4)
Only one day	0 (0.0)	2 (16.7)	6 (10.9)
More than one day	0 (0.0)	3 (25.0)	7 (12.7)
Did the same doctor treat the patient?			
Yes	1 (100.0)	9 (75.0)	19 (34.5)
No	0 (0.0)	3 (25.0)	35 (63.6)
Absent answer	0 (0.0)	0 (0.0)	1 (1.9)
If not, did that hinder the recovery?			
Yes	8 (21.1)		
No	11 (28.9)		
I do not know yet	1 (2.6)		
Absent answer	18 (47.4)		
Was the patient daily evaluated by a doctor?			
Yes	0 (0.0)	11 (91.7)	51 (92.7)

continues...

Table 3. Continuation

Variable	Private n (%)	Health insurance plan n (%)	SUS n (%)
No	1 (100.0)	1 (8.3)	2 (3.6)
Not yet	0 (0.0)	0 (0.0)	2 (3.6)
Do you think the physician's visit time was sufficient?			
Yes	1 (100.0)	11 (91.7)	44 (80.0)
No	0 (0.0)	1 (8.3)	7 (12.8)
I do not know	0 (0.0)	0 (0.0)	2 (3.6)
Absent answer	0 (0.0)	0 (0.0)	2 (3.6)

Discussion

Women were predominant in this study; according to the literature, they use more medical services [1,17-19]. This suggests that they are more concerned with their state of health [1] and thus more critical with these services, although some studies show no difference in gender satisfaction [17]. The mean age of the participants in this study was 34.9 years, and according to the national literature, patients under 50 years tend to feel less satisfied with health services [17, 18].

Several authors point out that the physician-patient relationship can be influenced by the place of care, so that complaints motivated by failures, such as delay to schedule appointments or lack of resources, are attributed by the patient to the health professional [1,18,20-22]. The patient's perception of the health center is related not only to health services and their providers, but also to factors such as social and economic context, personal experiences, cultural aspects and health situation [19,23]. In this study, we found more complaints regarding buildings facilities (34.5%) and the structure of the office (27.8%) in the public health service category (p<0.001).

A study conducted in health centers in the cities of Pará reported that 53.2% of the interviewed patients declared impairment at some point in the care due to lack of equipment or supplies [22]. Corroborating other studies, the authors of the study in Pará reported that the center infrastructure is directly related to the quality of care provided, as it influences the professionals' activities [21,22,24]. In private health service, unlike in the public sector, the care often starts with the patient admittance, the environment is more comfortable and appointments schedules and deadlines are better organized [1,17].

Institutions with well-structured physical space and practical and agile scheduling of appointments create positive expectations in the patient regarding medical care. Thus, users of private or health insurance plans tend to show greater satisfaction, in contrast to those who attend the public health service [17]. However, in this study, patients treated by health insurance plans waited longer between scheduling and consultation, when compared with patients in public and private health services (p<0.05), considering that 45.9% of them waited a month or more.

Of the patients approached, most waited less than an hour on the day of appointment to be attended, and users of private health service waited longer (p<0.05). A study conducted in Porto Alegre, Rio Grande do Sul, Brazil, with public and private health service patients reported waits of five minutes up to more than an hour, without, however, considering them unsatisfactory [17]. This may indicate that if the agility of scheduling appointments and the quality of medical care are satisfactory, the waiting time does not affect the patient's impression [17].

In this context, the time of medical care ends up being the most important factor for the user's satisfaction. Studies show that longer consultations are associated with more detailed medical history and the provision of more information to patients about their illness, habits and behavior, allowing them to better participate in the care [17,20]. In this study, most consultations lasted between 10 and 15 minutes in all types of health services, and those lasting more than 30 minutes were more frequent in the private health service (p<0.001).

The success of the medical consultation depends on variables such as accessibility, length, care provided and meeting the patient's needs [17,20]. In Brazilian studies, most patients were satisfied with the quality of care provided by the professional [1,18,22,24], which was also observed in this study, without statistical differences between health services (p=0.066).

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In the current research, most patients said they were well treated by professionals (85%) and established a relationship of trust (84%), with no statistical difference between health services (p>0.05). In a study conducted in the public health system in the countryside of Minas Gerais, Brazil, 86.67% of the patients classified the professionals as "good," which would be explained by the care and information provided, in order to guide the user in relation to their illness [1].

However, some patients reported differences between the care in private and public health services, such as the rush during the appointment and the attention given to the individual [1]. The depreciation of the public system can be evaluated both in relation to the physician, who may not provide comprehensive care and not worry about being pleasant, either for the lack of supplies, economic issues or lack of professional satisfaction [1,21,25], and by patients who use public services only when unable to choose a professional from the private network.

The main complaint of patients about physicians is the lack of attention and conversation. For users, good care should include listening, dialogue, attention to what is said and physical examination – few patients speak of solutions as a crucial factor for effective care [1]. In this study, without evaluating significant differences between health services (p>0.05), 20% of the professionals did not have visual contact with the patient, 26.5% did not undergo physical examination and, according to user's perception, in 15.5% of the cases the physician did not understand what was said. However, patient's privacy was often respected during the consultation, being less respected in public services (p=0.046).

In a study conducted in a health center in Recife, Pernambuco, Brazil, the issues "clinical care," "confidentiality," and "right to information" were considered satisfactory in more than 90% of the cases [18]. This question relates to the patients' wishes: if medical care is lower than their expectations, they will feel dissatisfied [22]. Moreover, a good physician-patient relationship is crucial to lessen anxiety and fears, and to facilitate recovery [2]. In this study, 11.5% of the professionals, predominantly from the public health service (p=0.008), did not explain the patient's illness. Patients can devalue the professional's conduct when they are not attentive and fail to provide information on disease and treatment, that is, when there is not an effective relationship [1,2].

The patient also has the right to know and to choose the resources available for treatment. The physician is not the only responsible for making decision; he should consider patients' opinions and respect their autonomy. The lack of clarification on the part of doctors also leads them to lose the patient's confidence, which can impair the patient's adherence to treatment [2].

Furthermore, patients are often attended by more than one physician, which makes it difficult to create ties with them [1], as it happens during hospitalization. In this study, 55.9% of hospitalized patients were not treated by the same physician during the entire hospitalization, but only 21.1% of them said this affected their recovery.

Final considerations

Most of the participants were young adults, female, single, without higher education, attended mainly in public health services. Regarding the infrastructure of medical facilities, users of public health services had more complaints, evidencing possible management problems and the need to improve the structural quality, including equipment, of health centers. Patients with health insurance plans had greater difficulty in scheduling appointments, compared to those in public and private health services, which may be related to the prioritization of private consultations over those by the health insurance plan.

Regarding the relationship with physicians, most of them said they were satisfied and have trust in professionals, with no differences between services. Their privacy was also respected in most cases, being a reason for complaint mainly for users of the public health service. Patients from the health insurance and private health services felt better informed about their pathology, which may be linked to their greater demand and expectation.

A favorable environment for a good doctor-patient relationship concerns not only the clinical-hospital infrastructure, but also the communication skills of professionals. The physician must respect the patient's autonomy, that is, recognize them as people with their own knowledge, values, wills and social context, and ensure information on pathologies and treatments to establish more confidence and adherence to the treatment. Moreover, a research on this relationship is crucial to better understand the needs and expectations of users and to improve communicative skills during the academic training of health professionals.

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Participation of the authors

Yanne Viana Souza participated in all stages of the research. Brunna Victoria dos Santos Sá, Rebeca Soares Gomes and Roberta Machado Pimentel Rebello de Mattos contributed to the writing of the article. Roberta de Mattos and Déborah Mônica Machado Pimentel carried out the final revision of the text. Déborah Pimentel conceived the study and guided the entire research project.

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