



Pesquisa Brasileira em Odontopediatria e
Clínica Integrada

ISSN: 1519-0501

apesb@terra.com.br

Universidade Federal da Paraíba
Brasil

Ayach, Carlos; Saliba Moimaz, Suzely Adas; Saliba Garbin, Cléa Adas
Evaluation of the Degree of Satisfaction of Dental Service Users of Family Health Units
Pesquisa Brasileira em Odontopediatria e Clínica Integrada, vol. 14, núm. 4, 2014
Universidade Federal da Paraíba
Paraíba, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=63739258006>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative

Original Article

Evaluation of the Degree of Satisfaction of Dental Service Users of Family Health Units

Carlos Ayach¹, Suzely Adas Saliba Moimaz², Cléa Adas Saliba Garbin²

¹PhD Student, Araçatuba Dental School, São Paulo State University (UNESP), Araçatuba, SP, Brazil.

²Professor, Araçatuba Dental School, São Paulo State University (UNESP), Araçatuba, SP, Brazil.

Author to whom correspondence should be addressed: Carlos Ayach. Rua Pandiá Calógeras, 661, Centro, Aquidauana, MS, 79200-000, Brasil. E-mail: cayach@terra.com.br.

Academic Editors: Alessandro Leite Cavalcanti and Wilton Wilney Nascimento Padilha

Received: 21 May 2014 / Accepted: 7 October 2014 / Published: 12 December 2014

Abstract

Objective: To assess the degree of user satisfaction with oral health services in the National Health System. **Material and Methods:** This is a descriptive cross-sectional study with a quantitative approach. Overall, 325 users were interviewed in dental service units of the family health strategy in the Municipality of Aquidauana, MS, using exclusion criterion patient under the age of 15 years and any inability to answer the instrument used. The results were processed using the Epi Info statistical software using data frequency analysis. **Results:** Users reported treatment as the main reason for seeking dental services (39.4%), followed by pain (28.3%) and review and prevention (26.8%). It was observed that 49.2% of patients seek the service on their own (25.2%) were referred by Community Health Agent; (19.1%) by a family member or friend and (3.7%) by the dentist. Respondents showed greater satisfaction with the location of Units; with the way they were received at the Unit; with the time of service and the scheduling of consultations in primary care. In relation to self-assessment on the oral health status, 40% of users considered good and 39.4% as regular. **Conclusion:** The satisfaction rates with oral health services offered in the National Health System were high, and most users who were in treatment, sought the service on their own and in need for treatment.

Keywords: Health assessment; Patient satisfaction; Oral health.

Introduction

The approach of user satisfaction in health care as a dimension of evaluation, involves assessing the service offered, as well as the expectations and level of satisfaction with these services, providing essential information for managers in the planning and elaboration of strategies in search for the resolution and quality of actions and resizing of financial resources [1].

The quality of health services can be considered a result of several factors, including: professional competence, accessibility, effectiveness, efficiency and satisfaction. When evaluating service quality, the service users should be identified and what users believe and expect from the service. This way, questions related to evaluation and quality are closely linked with user satisfaction with health service [2].

The term satisfaction is directly linked to the act of explaining the wishes and desires the users that are part of a community. It is a dynamic process that can be influenced by a number of factors such as perception of health and disease status, beliefs and socio demographic characteristics. It also involves attention aspects, in which satisfaction can be characterized as an individual assessment of several dimensions of their care, such as access, infrastructure, user-provider interaction and outcomes in terms of health; however, the issue to be discussed is whether they are showing positive results with the actions developed [3-5].

Users are the primary source of data when reporting their experiences to have access to treatment, their physical and emotional state when facing disease problems, and when providing information about the technical process of their treatment, with the intention to have their needs fulfilled and translated into services and actions [6].

Then, user satisfaction has occupied an important place in the evaluation and planning of quality improvement actions in health services. This position considers that satisfaction is also directly related to therapy adherence and results from health services, influencing behaviors of health and disease and increasing the value of users as consumers [2].

With the implementation of the Unified Health System, social control has become a fundamental principle of system execution, providing the possibility of users to intervene in services, proposing actions and health policies. In this sense, its strengthening in the Unified Health System (SUS), particularly in primary care, presupposes the conception of users as co-responsible for the health system management [7].

For the Ministry of Health, “evaluations in health are based on the assessment of efficiency, efficacy and effectiveness of structures, processes and results regarding risks, access and satisfaction of citizens that use public health services, in search of resolvability and quality” [8].

In Brazil, the importance of public policy evaluation is recognized in official documents, with several programs implemented since 2003, such as the National Program of Health Service Evaluation (PNASS) and, today, the Access and Quality Improvement Program (PMAQ), in an attempt to improve service quality, guide municipal administrations when planning health service strategies and develop a permanent evaluation policy. However, these programs are in early phases,

with poor knowledge of administrators and professionals about evaluation methods, leading to insufficient systematic and consistent evaluation to support public management [9,10].

The methodological base, of both PNASS and PMAQ, is to develop an instrument that allows a comprehensive evaluation, covering various realities, with the definition of four dimensions of evaluation: roadmap to compliance standards; indicators; user satisfaction survey; work environment survey. It intends to allow an evaluation that investigates services of distinct complexities, not requiring specific instruments for each service [8-11].

The stronger need for health service evaluation has been more evident with the implementation of the Family Health Program, with strategies of a new service model for basic health, in a more complete view of users and actions involving the community in a hierarchized and more resolute manner, understanding human beings not only in their biological dimension, but also their psychological, social and cultural influences, and the environment they are inserted, further strengthening user participation in health service and service quality improvement [12].

For this reason, evaluations can provide immeasurable contribution, not only by showing successes or failures, but especially allowing the development of solutions, reorganization of activities and services, and finding alternative ways to maximize the use of resources [13,14].

Most studies on health service evaluation that have been published are focused on the evaluation of a specific service, diagnosis of health service situation, case studies and analyses of a program or public policy implementation or development. Few of these studies focus the evaluation of basic health service organization or performance, in particular the oral health service, whose evaluation studies are about successful experiences or case studies in several municipalities in the country [1].

Studies conducted to understand the different dimensions that involve user satisfaction in health, especially those related to dental service, allow a broader and better evaluation of how the current system works and have become the main support for the organization and planning of health strategies.

The aim of this study was to evaluate the user satisfaction regarding the oral health service in the National Health System provided by family health teams, seeking to better understand the reality experienced in relation to access and also the service offered.

Material and Methods

This is a descriptive and quantitative cross-sectional study that analyzed the user satisfaction with dental services provided by Family Health Strategy (ESF) units in the city of Aquidauana, MS, Brazil, in 2013.

The outpatient care system in Aquidauana is comprised of 15 Family Health Units, with 14 dental service teams operating in category 1 and one in category 2, covering 100% of the Family Health Program, mapped according to population density and needs – 13 are in urban areas and 2 in rural areas.

For the interview, a questionnaire was developed, adapted from instruments proposed by the National Program of Health Service Evaluation (PNASS) and the Access and Quality Improvement Program (PMAQ) [8;15].

For the questionnaire application, the interviewer and the instrument test were calibrated. Interviews were performed with 30 users, who were in dental treatment at the waiting room of the Dental Health Unit, searching to assess the comprehension of questions, the confidentiality of responses and whether the site was suitable for the application of interviews. Thus, the instrument was redesigned and made suitable to be applied in the research.

After instrument adaptation, the interviews were conducted by a professional dentist individually with users who were performing dental treatment in the Primary Care health units. The interviews were conducted on the day of the dental treatment subsequent to the first visit. The places chosen for conducting the interviews were: waiting room; balconies; rooms that were not being used and also offices of the Health Units, depending on their availability. The confidentiality of responses was maintained in order to avoid biases.

Exclusion criteria were the following: users who were waiting to schedule the first appointment; those who were waiting for the first visit; patients attended at the emergency room; patients who were participating in lectures and educational activities; users under 15 years of age, as well as their families and friends; patients with communication difficulties and patients of Family Health Units in the rural area.

To calculate the sample, the PNASS parameter were considered (Table 1); schedules of dental treatments in the oral health service and capacity of the dental sector at the ESF. Regarding the scheduling, one day to collective service and four days of the week for individual sessions are used, two days for children under 12 years and two days for adults, totaling a daily attendance of eight to twelve patients.

Thus, 11-12 daily sessions and two days intended for adults were considered for each Health Unit. Interviews with 90% of users who were in treatment were performed, according to Chart 1, totaling 325 users, equally distributed into thirteen Family Health Units of the urban area (25 users per ESF).

Chart 1. Number of interviews to be conducted at the Health Unit.

Appointments (day)	Percentage of users interviewed
1 to 10 appointments	100 %
11 to 12 appointments	90 %
13 to 19 appointments	80 %
20 to 30 appointments	70 %
31 to 40 appointments	60 %
+ 40 appointments	50 % as minimum of 20 users in the sample

The results were processed using the Epi Info statistical software version 3.5.2 (Centers for Disease Control and Prevention) using data frequency analysis structured in tables and graphs for better visualization.

The study was submitted to and approved by the Brazilian Ethics Committee Research with human beings (Plataforma Brasil), for the School of Odontology in Araçatuba (UNESP), CCAE: 05567113.8.1001.5420; report number 353.893, of June 21, 2013. Before the interview, the participants signed an Informed Consent Term, which contained the study objectives and explanations about voluntary participation, guarantee of right to remain unidentified and the possibility to drop out at any moment, not involving any damage or risk to the population involved.

Results

Table 1. Number of users interviewed by age group in the city of Aquidauana, MS, 2013.

Characteristics	Age group (years)					Total
	15 to 19	20 to 39	40 to 49	50 to 59	+ 60	
Gender						
Male	5 (15.6%)	32 (20.6%)	26 (38.2%)	10 (32.2%)	16 (41%)	89 (27.4%)
Female	27 (84.4%)	123 (79.4%)	42 (61.8%)	21 (67.8%)	23 (59%)	236 (72.6%)
Total	32 (100%)	155 (100%)	68 (100%)	31 (100%)	39 (100%)	325 (100%)
Marital status						
Married / stable Union	5 (15.6%)	97 (62.6%)	49 (72%)	20 (64.5%)	23 (59%)	194 (59.7%)
single	26 (81.3%)	50 (32.3%)	13 (19.1%)	6 (19.4%)	3 (7.7%)	98 (30.1%)
widowed	0(0%)	1 (0.6%)	1 (1.5%)	1 (3.2%)	10 (25.6%)	13 (4%)
Separated / Divorced	1 (3.1%)	7 (4.5%)	5 (7.4%)	4 (12.9%)	3 (7.7%)	20 (6.2%)
Total	32 (100%)	155(100%)	68 (100%)	31(100%)	39 (100%)	325 (100%)
Socioeconomic condition						
unemployed	11 (34.4%)	39 (25.2%)	10 (14.7%)	3 (9.7%)	4 (10.2%)	67 (20.6%)
Less than 1 MW	7 (21.9%)	31 (20%)	13 (19.1%)	6 (19.3%)	6 (15.4%)	63 (19.4%)
1 or 2 MW	5 (15.6%)	53 (34.2%)	29 (42.7%)	13 (41.9%)	23 (59%)	123 (37.9%)
2 to 5 MW	1 (3.1%)	12 (7.7%)	7 (10.3%)	2 (6.5%)	2 (5.1%)	24 (7.4%)
5 to 10 MW	0 (0%)	1 (0.6%)	0 (0%)	1 (3.2%)	1 (2.6%)	3 (0.9%)
More than 10 MW	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Do not know / no answer	8 (25%)	19 (12.3%)	9 (13.2%)	6 (19.4%)	3 (7.7%)	45 (13.8%)
Total	32 (100%)	155 (100%)	68 (100%)	31 (100%)	39 (100%)	325 (100%)
Educational level						
illiterate	0 (0%)	1 (0.6%)	0 (0%)	2 (6.4%)	4 (10.2%)	7 (2.1%)
1 to 5 years	1 (3.1%)	33 (21.3%)	22 (32.3%)	13 (41.9%)	26 (66.6%)	95 (29.2%)
6 to 9 years	10 (31.3%)	28 (18.1%)	13 (19.1%)	4 (12.9%)	4 (10.3%)	59 (18.2%)
Incomplete high school	7 (21.9%)	27 (17.4%)	8 (11.8%)	3 (9.7%)	0 (0%)	45 (13.8%)
Complete high school	9 (28.1%)	39 (25.1%)	14 (20.6%)	6 (19.4%)	4 (10.3%)	72 (22.2%)
Incomplete higher educ.	4 (12.5%)	8 (5.2%)	5 (7.4%)	0 (0%)	0 (0%)	17 (5.2%)
Complete higher educ.	1 (3.%)	15 (9.7%)	2 (2.9%)	2 (6.5%)	0 (0%)	20 (6.2%)
Post-graduation	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Do not know / no answer	0 (0%)	4 (2.6%)	4 (5.9%)	1 (3.2%)	1 (2.6%)	10 (3.1%)
Total	32 (100%)	155 (100%)	68 (100%)	31 (100%)	39 (100%)	325 (100%)

Table 2. Percentage distribution of users according to the perception of the distance of residences in the Family Health Units of the Municipality of Aquidauana, MS, 2013.

Distance	Degree of satisfaction			TOTAL
	Satisfied	Slightly satisfied	Dissatisfied	
Close	245 (100%)	0 (0%)	0 (0%)	245 (100%)
Reasonable	52 (78.8%)	13 (19.7%)	1 (1.5%)	66 (100%)
Far	8 (57.1%)	3 (21.4%)	3 (21.4%)	14 (100%)
TOTAL	305 (93.8%)	16 (4.9%)	4 (1.2%)	325 (100%)

Table 3. Percentage distribution of users according to age and the reason for seeking dental services at the Health Unit in the Municipality of Aquidauana, MS, 2013.

Age group (years)	Reason for seeking dental service					Total
	Review/prevention	Pain	Extraction	Treatment	Others	
15 to 19	9 (28.1%)	10 (31.2%)	2 (6.3%)	11 (34.4%)	0 (0%)	32 (100%)
20 to 39	43 (27.7%)	51 (32.9%)	4 (2.6%)	56 (36.1%)	1 (0.7%)	155 (100%)
40 to 49	17 (25%)	15 (22.1%)	3 (4.4%)	33 (48.5%)	0 (0%)	68 (100%)
50 to 59	6 (19.3%)	7 (22.6%)	2 (6.5%)	16 (51.6%)	0 (0%)	31 (100%)
+ 60	12 (30.8%)	9 (23.0%)	6 (15.4%)	12 (30.8%)	0 (0%)	39 (100%)
Total	87 (26.8%)	92 (28.3%)	17 (5.2%)	128 (39.4%)	1 (0.3%)	325 (100%)

Table 4. Percentage distribution of users according to age group and guidance for seeking dental service at the Health Unit in the Municipality of Aquidauana, MS, 2013.

Age group (years)	Who guided					Total
	Nobody	Family member	ACS	Dentist	Others	
15 to 19	12 (37.5%)	15 (46.9%)	5 (15.6%)	0 (0%)	0 (0%)	32 (100%)
20 to 39	79 (51%)	26 (16.7%)	37 (23.9%)	6 (3.9%)	7 (4.5%)	155 (100%)
40 to 49	38 (55.8%)	7 (10.3%)	21 (30.9%)	1 (1.5%)	1 (1.5%)	68 (100%)
50 to 59	14 (45.2%)	6 (19.3%)	8 (25.8%)	3 (9.7%)	0 (0%)	31 (100%)
+ 60	17 (43.6%)	8 (20.5%)	11 (28.2%)	2 (5.1%)	1 (2.6%)	39 (100%)
Total	160 (49.2%)	62 (19.1%)	82 (25.2%)	12 (3.7%)	9 (2.8%)	325 (100%)

Table 5. Percentage distribution of users according to the schedule scheduling of consultations in Dental Health Units and degree of satisfaction in the Municipality of Aquidauana, MS, 2013.

Service time at	Degree of satisfaction		
	Satisfied	Slightly satisfied	Dissatisfied
Suitable	307 (98.1%)	6 (1.9%)	0 (0%)
Not suitable	2 (16.6%)	5 (41.7%)	5 (41.7%)
TOTAL	309 (95.1%)	11 (3.4%)	5 (1.5%)

Table 6. Distribution of users according to the time and degree of satisfaction to schedule the first appointment in the dental service at the Health Unit of the Municipality of Aquidauana, MS, 2013.

Time	Degree of satisfaction			TOTAL
	Satisfied	Slightly satisfied	Dissatisfied	
Took too long	4 (30.8%)	6 (46.1%)	3 (23.1%)	13 (100%)
Did not take long	70 (86.4%)	10 (12.3%)	1 (1.3%)	81 (100%)
Right away	226 (99.1%)	2 (0.9%)	0 (0%)	228 (100%)
Do not know	2 (66.7%)	1 (33.3%)	0 (0%)	3 (0.9%)
TOTAL	302 (92.9%)	19 (5.9%)	4 (1.2%)	325 (100%)

Table 7. Distribution of users (%) according to the age group and users' perception of their own oral health condition at the Health Unit in the city of Aquidauana, MS, 2013.

Age group (years)	Self-perceived oral health					TOTAL
	Very good	Good	Regular	Poor	Very poor	
15 to 19	3 (9.4%)	9 (28.1%)	13 (40.6%)	6 (18.8%)	1 (3.1%)	32 (100%)
20 to 39	15 (9.7%)	70 (45.2%)	58 (37.4%)	10 (6.4%)	2 (1.3%)	155 (100%)
40 to 49	5 (7.4%)	26 (38.2%)	31 (45.6%)	4 (5.9%)	2 (2.9%)	68 (100%)
50 to 59	4 (12.9%)	8 (25.8%)	14 (45.2%)	4 (12.9%)	1 (3.2%)	31 (100%)
+ 60	3 (7.7%)	17 (43.6%)	12 (30.8%)	7 (17.9%)	0 (0%)	39 (100%)
TOTAL	30 (9.2%)	130 (40%)	128 (39.4%)	31 (9.5%)	6 (1.8%)	325 (100%)

Discussion

This research on user satisfaction with dental service offered in the National Health System showed a predominance of young females with low educational level and low income. The lower participation of men may be due to the greater attention to work or by not prioritizing health services [16].

The fact that most participants are young female users was observed in another study [6]; among the participants that had access to public dental services from the Family Health Strategy (ESF), 60 individuals were 37 years old or less and 33 were over 37 years old, with prevalence of female participants (81.7%).

Higher demand for health services in the Family Health unit are from female individuals, as women assume the responsibility for seeking service to their family members and/or friends from their community. One factor that contributes to increased utilization of health services by women is the physiology of women and their lifecycles; in addition, basic health services and activities have traditionally focused the group of mothers and children, with several actions offered to this priority group, such as: women health, prenatal care, gynecologic and breast cancer prevention and child health [3].

More than half the number of interviewees had not concluded the elementary/middle education. That can be explained by the installation of Family Health units in low-income regions, where ESF users present low educational level in general. The population with low educational level tends to be more flexible in relation to health services provided, expressing higher degrees of satisfaction [17].

Regarding the age group of interviewed users, 47.7% are 20-39 years old; 20.9% are 40-49 years old; 12% are over 60 years old; 9.8% are 15-19 years old and 9.5% are 50-59 years old, which may influence the satisfaction results, considering that, in this study, older people tended to feel more satisfied with the dental services than younger people. According to some authors [18], for older people, these services have probably meant satisfaction of other needs, and not only resolution of a health problem, expressed in a complication or a number of signs and symptoms, thus leading to greater satisfaction.

Regarding the reason to seek treatment, the study observed that users seek dental services from the public system because a treatment is needed (39.4%), followed by pain (28.3%) and checkup

and prevention (26.8%) (Table 3), showing that the units are acting as the front door to health services and regular reference by users.

To act as a front door, the Family Health Unit should be accessible, offer frequently used services and screen the input flow to the service system by referring to the general practitioner [19].

The determinants of health service utilization are related to many factors, such as: need for health care (morbidity, disease severity and urgency); demographic characteristics (age and gender), geographic characteristics (region), socioeconomic characteristics (income, education level), cultural (religion) and psychical characteristics; as well as service providers (time after graduation, specializations, psychical characteristics, professional experience, type of practice, payment condition). Other important factors are service organization (resources available, characteristics of services offered, availability of physicians, hospitals, outpatient clinics, remuneration system, geographic and social access) and, lastly, the health policy, the type of health system, financing, type of health insurance, amount and distribution of resources, professional and system legislation and regulations [20].

Regarding who recommended the dental service, 49.2% go there on their own account; 25.2% were referred by a community health agent; 19.1% were referred by a family member and 3.7% by dental surgeons (Table 4), which indicates predominant spontaneous search for dental services, showing that the population goes to the Health Unit searching for services, without any effective influence of dental surgeons on action planning, especially in the organization of demands at ESF units.

Regarding visit scheduling, 25.2% of visits were scheduled by the Community Health Agents (ACS) (Table 4), showing progress and high resolvability of these professionals when identifying health problems in the community; however, it may also show distortion in the practice of ACS, who prioritize visit scheduling, and not health promotion and prevention practices [14].

Thus, changing the work process seems to be one of the greatest challenges to ESF professionals, especially to oral health teams. The ESF recognizes the work process is one of the main points to change the health service practice and the way to support people and produce health care, which requires commitment, definition of responsibilities and resolvability, directly linked with work development and subjectivity of every professional and user [21].

The high user satisfaction regarding the location of USF (93.8%) is due to the fact that all Family Health Units of the Municipality Aquidauana, MS, are mapped according to the number of people, families, prioritizing a number below the established to the family Health Strategy, corroborating the work of the authors [20].

Therefore, the spatial distribution of the Health Unit is one of the key factors for users' satisfaction, especially when it is located close to the population and meets local realities. It is noteworthy that the maps should be designed and produced by health managers and the population, in search for a better knowledge of the territory and social, economic, cultural and educational

determinants and environmental conditions that influence the development of health problems in the population [22].

These factors are also seen in oral health, in which the public dental service indicates a conceptual and operational realignment, leaving behind the “odonto-centered” paradigm and the corporate isolationistic attitude. Interesting actions are the experiences of insertion in the ESF, regulation and expansion of access to health services and technological levels, which include the Centers of Dental Specialties (CEO), as well as new bases for professional training, consolidating the guidelines of the National Oral Health Policy [23].

Regarding the time of appointment, users are highly satisfied (95.1%) (Table 5), strengthening SUS guidelines for basic health care, which define 40-hour work week for health professionals; however, a minority is partially satisfied or unsatisfied, alerting administrators to the possibility of alternative times, for instance, at night, especially to people who cannot miss work.

User satisfaction in terms of access may be due to several possibilities that would allow to start using health services, which would involve the health unit location, time availability and service days of the week, as well as the possibility to have unscheduled visits and the population perception of what aspects are suitable or not [19,24].

By analyzing how the user was received at the dental service of the Health Unit, 97.2% are satisfied in relation to the waiting time to schedule the first visit, it was found that the service is efficient. It was also shown that 92.9% were satisfied with the waiting time and 70.2% report that there is no delay to schedule the visit, showing that there are no difficulties related to the organization of the health service and ensuring access to oral health in primary care. However, this high satisfaction may be related to having achieved scheduling dental treatment.

By evaluation self-perception on oral health status, 40% reported being good and aged 20-39 years; (45.2%) and older than 60 years (43.6%), followed by 39.4% regular, evident in all age groups (Table 7), thus showing that the prevalence of users who use the system health in the dental sector belong working-age population.

Self-perceived health is based on information and knowledge of health and disease, taking into account experiences, habits, and social and cultural environment in which he lives. In oral health, one of the components of quality of life refers to a subjective experience of the individual about his functional, social and psychological well being, where self-assessment is important, because the behavior is modulated by awareness of this condition, favoring the indirect community participation in policy and social decisions, encouraging adherence to healthy behaviors [25].

Another study showed that higher levels of income and education have a positive influence on the access and that frequent use of dental service occurs among individuals who reported good or very good oral health condition [26].

The results show the importance of periodic evaluations conducted with users of the unified health service, as they provide a tool to correct the course of the program, which is an ongoing strategy. This allows advancing in the practice of evaluation in the routine of health management,

aimed at introducing changes in view of the guiding principles of primary health care and strengthening the Unified Health System, taking the user as the central object of the work process. It also demonstrates that the instrument applied is an effective tool to help managers to assess the degree of user satisfaction in relation to health services.

It should be noted that the methodology used in this study has also been used in other studies, with some biases of positive evaluation by users reporting overestimated service quality, probably due to the fact that the interviews were conducted in a Health Unit.

Another aspect that could be related to the high degree of satisfaction is the fact that patients have managed the schedule for dental treatment, since difficulties and obstacles to treatment in other public and private services are it is commonly found. The high degree of satisfaction may have been an intimidation factor of the user in relation to negative responses, although at the time of the interview, it was enhanced data confidentiality would be ensured and that participation would not affect the course of treatment [27].

Another factor that may have contributed to the great satisfaction of users, is that the majority was seeking treatment not for the pain, because pain is a significant factor that generates dissatisfaction, especially when felt during dental procedures, since the satisfaction with dental practice remains closely associated with pain [27]. Other factors that can lead to dissatisfaction with care are the very large gaps between returns, delays consultations, excessively long treatment sessions, insecurity, which were not evidenced in this study [28].

Thus, the evaluation of user satisfaction in health allows a technical and social control of services and programs provided to the society; however, this process does not have a perfect model that has been sufficiently tested and that can be applied universally, which indicates the need to adopt a model that guides and helps the decision-making process.

Conclusion

There was a high percentage of satisfaction with oral health services offered at the Health System and most users sought service on their own and in need for treatment. Regarding oral health self-perception, most considered as good.

Acknowledgements

We would like to thank CNPq (the National Council for Scientific and Technological Development) for the financial support.

References

1. Nickel DA, Caetano JC, Calvo MCM. Modelo de avaliação da atenção em saúde bucal. *Pesqui Bras Odontopediatria Clin Integr* 2009; 9(3):373-9.
2. Emmi DT, Barroso, RF. Avaliação das ações de saúde bucal no Programa Saúde da Família no distrito de Mosqueiro, Pará. *Ciênc Saúde Coletiva* 2008; 13(1):35-41.

3. Brandão ALRS, Giovanella L, Campos EA. Avaliação da atenção básica pela perspectiva dos usuários: adaptação do instrumento EUROPEP para grandes centros urbanos brasileiros. *Ciênc Saúde Coletiva* 2013; 18(1):103-14.
4. Santos CVL, Pereira ES. O desafio de profissionais e usuários de uma Unidade Saúde da Família. [Monografia]. Belém: Universidade do Estado do Pará; 2003.
5. Cerchiari GSF, Erdmann RH. Sistema de informações para acompanhamento, controle e auditoria em saúde pública. *Rev Adm Pública* 2008; 42(5):925-48.
6. Oliveira RS, Magalhães BG, Gaspar GS, Rocha RACP, Góes PSA. Avaliação do grau de satisfação dos usuários nos serviços de saúde bucal da Estratégia de Saúde da Família. *Rev Bras Pesqui Saúde* 2009; 11(4):34-8.
7. Jorge MSB, Guimarães JMR, Vieira LB, Paiva FDS, Silva DR, Pinto AGA. Avaliação da qualidade do Programa Saúde da Família no Ceará: a satisfação dos usuários. *Rev Baiana Saúde Pública* 2007; 31(2):256-66.
8. Brasil. Ministério da Saúde. Programa Nacional de Avaliação de Serviços de Saúde: resultados do processo avaliativo 2004-2005. Brasília: Ministério da Saúde; 2004.
9. Duarte MLC, Kantorski LP. Avaliação da atenção prestada aos familiares em um centro de atenção psicossocial. *Rev Bras Enferm* 2011; 64(1):47-52.
10. Sampaio J, Carvalho EM, Pereira GFC, Mello FMB. Avaliação da capacidade de governo de uma secretaria estadual de saúde para o monitoramento e avaliação da Atenção Básica: lições relevantes. *Ciênc Saúde Coletiva* 2011; 16(1):279-90.
11. Pinheiro PM, Oliveira LC. A contribuição do acolhimento e do vínculo na humanização da prática do cirurgião-dentista no Programa Saúde da Família. *Interface* 2011; 15(36):185-98.
12. Peterlini OLG, Zagonel IPS. Explorando a avaliação: um instrumento básico para o gerenciamento do cuidado em saúde coletiva. *Cogitare Enferm* 2003; 8(2):18-25.
13. Moimaz SAS, Saliba NA, Bino LS, Rocha NB. A ótica do usuário na avaliação da qualidade do programa de atenção odontológica à gestante. *Pesqui Bras Odontoped Clin Integr* 2009; 9(2):147-53.
14. Santiago RF, Mendes ACG, Miranda GMD, Duarte PO, Furtado BMASM, Souza WV. Qualidade do atendimento nas Unidades de Saúde da Família no município de Recife: a percepção dos usuários. *Ciênc Saúde Coletiva* 2013; 18(1):35-44.
15. Brasil. Ministério da Saúde. Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ): manual instrutivo. Brasília: Ministério da Saúde; 2012.
16. Silva JA, Ribeiro LC, Silveira M. Avaliação do nível de satisfação dos usuários do Programa de Saúde da Família no Bairro Furtado Menezes - Juiz de Fora/MG. In: *Anais do 14º Encontro Nacional de Estudos Populacionais*; 2004 Set. 20-24; Caxambú, MG. Belo Horizonte: ABEP; 2004.
17. Barata RB. Condições de saúde da população brasileira. In: Giovanella L, Escorel S, Lobato LVC, Carvalho AI, Noronha JC, organizadores. *Políticas e Sistema de Saúde no Brasil*. Rio de Janeiro: Fiocruz; 2008. p. 173-5.
18. Mishima SM, Pereira FH, Matumoto S, Fortuna CM, Pereira MJB, Campos AC, et al. A assistência na saúde da família sob a perspectiva dos usuários. *Rev Latino-Am Enfermagem* 2010; 18(3):148-56.
19. Starfield B. Atenção primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO; 2004.
20. Travassos C, Martins M. Uma revisão sobre os conceitos de acesso e utilização de serviços de saúde. *Cad Saúde Publica* 2004; 20(Supl. 2):S190-8.
21. Souza TMS, Roncalli AG. Saúde bucal no Programa Saúde da Família: uma avaliação do modelo assistencial. *Cad Saúde Pública* 2007; 23(11):2727-39.
22. Goldstein RA, Barcellos C. Geoprocessamento e participação social: ferramentas para a vigilância ambiental em saúde In: Miranda AC, Barcellos C, Moreira JC, Monken M, organizadores. *Território, ambiente e saúde*. Rio de Janeiro: Fiocruz; 2008. p. 205-15.
23. Mello ALSF, Andrade SR, Moysés SJ, Erdmann AL. Saúde bucal na rede de atenção e processo de regionalização. *Ciênc Saúde Coletiva* 2014; 19(1):214-214.
24. Assis MMA, Jesus WLA. Acesso aos serviços de saúde: abordagens, conceitos, políticas e modelo de análise. *Ciênc Saúde Coletiva* 2012; 17(11):2865-75.
25. Martins AMEB, Barreto SM, Silveira MF, Santa Rosa TTA, Pereira DP. Autopercepção da saúde bucal entre idosos brasileiros. *Rev Saúde Pública* 2010; 44(5):2955-64.
26. Araújo CS, Lima RC, Peres MA, Barros AJD. Use of dental services and associated factors: a population-based study in southern Brazil. *Cad Saude Publica* 2009; 25(5):1063-72.

27. Pompeu JGF, Carvalho ILM, Pereira JA, Cruz Neto RG, Prado VLG, Silva CHV. Avaliação do nível de satisfação dos usuários atendidos na clínica integrada do curso de odontologia da Faculdade Novafapi em Teresina (PI). *Odontol Clín-Cient* 2012; 11(1):31-6.
28. Robles ACC, Grosseman S, Bosco VL. Satisfação com o atendimento odontológico: estudo qualitativo com mães de crianças atendidas na Universidade Federal de Santa Catarina. *Ciênc Saúde Coletiva* 2008; 13(1): 43-9.