USER SATISFACTION ON THE HEALTH CARE PROVIDED BY THE PRIMARY HEALTH CARE PROGRAM IN A STATE IN NORTHEASTERN BRAZIL

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Palavras-chave: Pesquisa sobre Serviços de Saúde. Atenção Primária à Saúde. Satisfação do Usuário.

RESUMO

Objetivo: Verificar os fatores que influenciam na satisfação dos usuários quanto aos serviços de saúde ofertados na Atenção Básica em um estado do Nordeste do Brasil e suas macrorregionais de saúde. **Métodos**: Estudo transversal realizado a partir de dados secundários, desenvolvendo-se modelos de regressão logística tendo como variável dependente a satisfação do usuário (obtida por análise de agrupamento). O estado está dividido em quatro macrorregionais de saúde e as variáveis explicativas selecionadas abrangeram: sexo dos usuários; acesso aos serviços de saúde; acolhimento à demanda espontânea; marcação de consulta(s); atenção integral à saúde; vínculo, responsabilização e coordenação do cuidado; visita domiciliar; mecanismos de participação e interação dos usuários. **Resultados**: Verificou-se que as macrorregionais 1 e 4 apresentaram maiores percentuais de usuários que não se mostraram satisfeitos com o seu mecanismo de participação na unidade. O modelo de regressão demonstrou os fatores que influenciam negativamente a satisfação, sendo alguns deles: o horário de funcionamento da unidade não atender as necessidades dos usuários (OR=0,60), o usuário não conseguir fazer uma reclamação ou sugestão na unidade de saúde (OR=0,68), o usuário não conseguir marcar consulta para o mesmo dia (OR=0,83), os profissionais nunca perguntarem sobre os familiares do usuário (OR=0,81) e o Agente Comunitário de Saúde não visitar o usuário (OR=0,78). **Conclusão**: Com base nos dados sobre os serviços de saúde ofertados na Atenção Básica em um estado brasileiro, constata-se que existem fragilidades, a exemplo do relacionamento entre o usuário e o profissional de saúde, a coordenação do cuidado e a participação/controle social na unidade.

Keywords: Health Services Evaluation. Primary Health Care. Consumer Bahavior.

ABSTRACT

Objective: To verify the factors influencing user satisfaction regarding the healthcare assistance provided by the Primary Health Care (PHC) Program in a state in northeastern Brazil and its macro-regional health districts. **Methods**: A cross-sectional study was carried out based on secondary data, and logistic regression models were developed considering user satisfaction (obtained by cluster analysis) as a dependent variable. The state is divided into four macro-regional health districts, and explanatory variables selected included user gender; access to health services; receptivity to spontaneous demand; scheduling appointment at PHC facilities; comprehensive health care; bonding, accountability and coordination of care; home visit; mechanisms for user participation and interaction. **Results**: Macro-regional health districts 1 and 4 presented higher percentage of users who were not satisfied with their mechanism of participation in the facility. The regression model demonstrated the factors that negatively influence satisfaction, some of which are: facility work hours do not meet users' needs (OR=0.60); the user cannot file a complaint or suggestion at the PHC facility (OR=0.68); the user is not able to set up an appointment for the same day (OR=0.83); professionals never ask about the user's relatives (OR=0.81); and the Community Health Worker does not make home visits (OR=0.78). **Conclusion**: The data on assistance provided by the Primary Health Care Program in a state of Brazil indicate weaknesses, such as the relationship between user and health professional as well as those related to coordination of care and participation/social control in the PHC facility.

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INTRODUCTION

The Brazilian public healthcare system (*Sistema Único de Saúde* - SUS) is structured into three assistance levels, namely primary, secondary and tertiary care. Primary care services focus on families and communities with emphasis on health promotion and public health initiatives. Secondary healthcare centers provide medium complexity procedures, while tertiary healthcare centers are responsible for the most complex treatments.[1]

The Family Health Strategy (FHS) has been gaining prominence in the national scenario since its implementation, with a significant expansion in the number of teams over the years. The FHS program is the priority strategy for primary care and constitutes the main gateway to the SUS. In view of that, many initiatives, especially those aimed at the assessment of health services, have been developed in Brazil [2,3,4]. The process of health assessment and post-assessment actions improve user satisfaction on health services and have become an effective tool to identify factors that improve the quality of healthcare assistance. [4,5]

The Ministry of Health of Brazil has instituted some initiatives aimed at reorganizing the National Primary Care Policy, through the assessment of health services and the improvement of the quality of services in Primary Health Care (PHC).[6,7] In this scenario, the "Health closer to you - Access and Quality / National Program for Improving Access and Quality of Primary Care" (PMAQ-AB) program emerged. The reorganization and orientation of health services according to the user needs and opinion - based on the satisfaction assessment, is part of the program guidelines. One of the phases of PMAQ-AB is the "External Evaluation", which analyzes the conditions of access and quality of health services provided by teams that participate in the Program, through the supervision of indicators and improvement of quality and access to health services. In this assessment process, user perspective and satisfaction on the health service provided are taken into account. [8]

Thus, considering the data from the 2nd PMAQ-AB external evaluation cycle, this study aimed to identify the factors associated with user satisfaction on the care provided by the Primary Health Care (PHC) Program of Paraíba state, Brazil, so that to develop a decision-making model based on user perceptions on access to, and use of, health services.

MATERIALS AND METHODS

This study used secondary data generated by the Ministry of Health during the 2nd PMAQ-AB External Evaluation Cycle in 2013. [9] The data contained the responses of health service users, specifically four users from each PHC facility who were present at the unit. The questions used were obtained from the Instrument of External Evaluation: "Health Closer to You", which was applied by researchers / professors from several Universities / Education and Research Institutes in Brazil.

The primary study "Evaluation of primary care in Brazil: integrated multicenter studies on access, quality and user satisfaction" was submitted to, and approved by, the Research Ethics Committee of the Federal University of Rio Grande do Sul (UFRGS), under protocol No. 21.904 on 03/01/2012.

The collection instrument used by PMAQ-AB for external evaluation is divided into four modules and considers aspects related to structure, equipment and working conditions at the PHC facility; as well as work quality and investment in permanent education for workers; support given to teams for PHC management; access to and quality of the service offered to users; and, finally, user satisfaction on, and participation in, each of the PHC Programs surveyed. [6]

The Module III - Interview with the User at the Healthcare Facility, was used in this study. The interviews were carried out with users who were not in consultation with the physician, nurse or dentist on the day of the interview, who had attended the PHC facility in the previous year and who were present at the corresponding PHC facility on the external evaluation day.

Initially, the data were analyzed descriptively considering the macro-regional healthcare districts of Paraíba state (n=4). Criteria for the selection of data in the PMAQ-AB database included: variables with only up to 3% missing data; data referring only to users who had complete information on the selected variables.

A dependent variable was generated using the Two-Step Cluster Analysis method. This method was used based on the literature for identification of similar groups or the so called clusters of individuals or objects within large data sets, with two types of variables - categorical and continuous. [10,11]

Independent variables (n=12) that met the aforementioned criteria, and could possibly interfere with user satisfaction, were pre-selected. The variables were defined as follows: 1) Gender; 2) if the user would like the PHC unit to operate in the night shift; 3) whether the operation hours meet the users' needs; 4) if the Community Health Worker makes home visits; 5) what the user's perception about getting to the health unit; 6) if the user can search the PHC unit without an appointment; 7) if the user can schedule appointment for the same day 8) if the user is able to make a complaint or suggestion at the health unit; 9) if when the team professionals make the physical, throat and belly examination; 10) if professionals in the PHC suggest solutions

that are appropriate to reality of user; 11) if the user thinks that the time of consultation with the doctor is sufficient; 12) if health professionals ask about user's relatives;13) if it is easy to speak with professionals when users need to ask questions after consultations; 14) health professionals ask about the user's relatives; 15) if the user thinks that the time of consultation with the doctor is sufficient; 16) if the Community Health Worker (CHW) makes home visits; 17) if the user is able to file a complaint or suggestion at the healthcare facility.

Prior to the application of logistic regression, the chi-square test (with a significance level of 20%) was used and significant variables were included for logistic regression, with a 5% significance level. The associations were determined by Odds Ratio (OR) based on logistic regression, with a 95% Confidence Interval. Upon estimation of the initial model, the model validity was verified using the Hosmer-Lemeshow test.

RESULTS

Absolute and relative frequencies of variables were grouped into blocks and described as follows: a) Gender; b) Access to health services; c) Receptivity to spontaneous demand; d) Appointment scheduling; e) Comprehensive health care; f) Bonding, accountability and coordination of care; g) Home visit; h) Mechanisms for user participation and interaction.

Tables 1 to 3 demonstrate the results of the descriptive analysis based on variables contained in the Module III of the PMAQ-AB External Evaluation Instrument in Paraíba and its macro-regional health districts.

The total number of interviewees analyzed in Paraíba was 4,093, with 1,764 users in the macro-regional health district 1; 1,203 users in the macro-regional health district 2; 629 users in the macro-regional health district 3; and 497 users in the macro-regional health district 4.

Regarding the users' gender in the macro-regional health districts, the majority of respondents were female, with the largest percentage found in the health district 2, totaling 90.7% (n=1,091). In addition, a considerable percentage of users reported that, in order to facilitate service, they would like the PHC facility to operate in the night shift, particularly the macro-regional health district 3 - 37.4% (n=235). When asked if the work hours of the PHC facility met their needs, most users replied "Yes", in particular those from the macro-regional health district 4 - 92.2% (n=458). With regard to home visits, the macro-regional health district 4 was the one that presented the highest percentage of users whom answered "Yes", when asked if they received home visit of the Community Health Worker (CHW) - 93.6% (n=465) (Table1).

As for receptivity to spontaneous demand, the macro-regional health district 2 showed the highest percentage of users whom considered it "reasonable / difficult" to reach the PHC facility - 34.2% (n=411) and needed to go to the PHC facility without an appointment - 77.9% (n=937), as shown in Table 2. In terms of appointment scheduling, a higher percentage of users from the macro-regional health district 4 were able to set up same-day appointments - 83.7% (n=416).

It is worth noting that the macro-regional health district 4 presented the highest percentage - 83.0% (n=414) of users who answered "Never needed" when asked if they could file a complaint or suggestion at the health care facility.

Table 3 shows that in the macro-regional health district 3 there was a greater percentage - 88.6% (n=557) of users who reported "Always / Most of the time" when asked if team professionals performed physical, throat and belly examination in their consultations. The health district 2 had a higher percentage of users who reported that team professionals suggested solutions during the consultations that seemed appropriate to the reality - 92.3% (n=1111) and that professionals usually ask about the user's family - 53.6 % (n=645). The macro-regional health district 4 presented a higher percentage of users who reported that the time of consultation with the physician was "Not" sufficient - 30.4% (n=154) - Table 3.

In accordance with the aforementioned findings for the state of Paraíba, we developed a decision-making model using adjusted binary logistic regression, intervals for ß, p-values, Odds Ratio (OR) and confidence interval for OR were obtained. The number of users interviewed was n=4,093. Of the 17 variables entered into the regression model, 10 were associated with "user satisfaction on the health care service" outcome, as shown in Table 4. The proposed model was tested for adjustment using the Hosmer and Lemeshow test. A test value of 0.759 ($p>0.05$) was obtained, hence the model was considered as adjusted.

***Table 1**: Absolute and relative frequencies of socioeconomic features, access to services and home visits in the macro-regional health districts of Paraíba state, Brazil, 2013.*

		MACRO-REGIONAL DISTRICT 1		MACRO-REGIONAL DISTRICT 2		MACRO-REGIONAL DISTRICT 3		MACRO-REGIONAL DISTRICT 4	
Gender		n	%	n	%	n	%	n	%
	Male	248	14.1	112	9.3	85	13.5	64	12.9
	Female	1516	85.9	1091	90.7	544	86.5	433	87.1
	Total	**1764**	**100.0**	**1203**	**100,0**	**629**	**100.0**	**497**	**100.0**
Whether the user would like the PHC facility to operate during the night shift		**MACRO-REGIONAL DISTRICT 1**		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
		n	%	n	%	n	%	n	%
	Yes	645	36.6	192	16.0	235	37.4	117	23.5
	No	1119	63.4	1011	84.0	394	62.6	380	76.5
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
Whether the work hours of the PHC facility suit the user's needs		**MACRO-REGIONAL DISTRICT 1**		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
		n	%	n	%	n	%	n	%
	Yes	1388	78.7	1066	88.6	531	84.4	458	92.2
	No	376	21.3	137	11.4	98	15.6	39	7.8
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
Whether the community health worker (CHW) visit users' homes		**MACRO-REGIONAL DISTRICT 1**		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
		n	%	n	%	n	%	n	%
	Yes	1469	83.3	1046	86.9	570	90.6	465	93.6
	No	277	15.7	137	11.4	53	8.4	29	5.8
	There is no CHW in the neighborhood	18	1.0	20	1.7	6	1.0	3	0.6
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**

***Table 2**: Absolute and relative frequencies of variables related to receptivity to spontaneous demand, appointment scheduling and mechanisms for participation and interaction of users from the macro-regional health districts of Paraíba state, Brazil, 2013.*

		MACRO-REGIONAL DISTRICT 1		MACRO-REGIONAL DISTRICT 2		MACRO-REGIONAL DISTRICT 3		MACRO-REGIONAL DISTRICT 4	
Easiness to access the health care facility		n	%	n	%	n	%	n	%
	Very easy/ Easy	1503	85.2	792	65.8	502	79.8	442	88.9
	Reasonable/ Difficult/Very Difficult	258	14.8	411	34.2	127	20.2	55	11.1
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
		MACRO-REGIONAL DISTRICT 1		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
Whether the user had to attend the PHC facility without an appointment		n	%	n	%	n	%	n	%
	Yes	1203	68.2	937	77.9	464	73.7	357	71.8
	No	561	31.8	266	22.1	165	26.3	140	28.2
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
		MACRO-REGIONAL DISTRICT 1		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
Whether the user can set up a same-day appointment		n	%	n	%	n	%	n	%
	Yes	1101	62.4	696	57.9	489	77.7	416	83.7
	No	663	37.6	507	42.1	140	22.3	81	16.3
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
		MACRO-REGIONAL DISTRICT 1		**MACRO-REGIONAL DISTRICT 2**		**MACRO-REGIONAL DISTRICT 3**		**MACRO-REGIONAL DISTRICT 4**	
Whether the user can file a complaint or suggestion at the health care facility		n	%	n	%	n	%	n	%
	Yes	249	14.1	122	10.1	41	6.5	55	11.1
	Yes, but with difficulty	143	8.1	39	3.2	20	3.2	13	2.6
	No	254	14.4	114	9.5	68	10.8	15	3.0
	Never needed to	1118	63.4	928	77.1	500	79.5	414	83.3
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**

***Table 3**: Absolute and relative frequencies of variables related to comprehensive health care, bond, accountability and coordination of care in the macro-regional health districts of Paraíba state, Brazil, 2013*

		Macro-Regional District 1		Macro-Regional District 2		Macro-Regional District 3		Macro-Regional District 4	
Whether the team members perform the physical, throat and belly examination during consultations		n	%	n	%	n	%	n	%
	Always/Most times	1468	83.2	1057	87.9	557	88.6	406	81.6
	Hardly ever/Never	296	16.8	146	12.1	72	14.4	91	18.4
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
User's opinion as to whether the team members suggest solutions that are appropriate to their reality during consultations		Macro-Regional District 1		Macro-Regional District 2		Macro-Regional District 3		Macro-Regional District 4	
		n	%	n	%	n	%	n	%
	Always/Most times	1507	85.4	1111	92.3	575	91.4	435	87.5
	Hardly ever/Never	257	14.6	92	7.7	54	8.6	62	12.5
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
Whether the user thinks that the time of consultation with the physician is sufficient		Macro-Regional District 1		Macro-Regional District 2		Macro-Regional District 3		Macro-Regional District 4	
		n	%	n	%	n	%	n	%
	Yes	1260	71.4	853	70.9	480	76.3	343	69.1
	No	504	28.6	380	29.1	149	23.7	154	30.4
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**
Whether the professionals at the PHC facility usually ask about the user's family		Macro-Regional District 1		Macro-Regional District 2		Macro-Regional District 3		Macro-Regional District 4	
		n	%	n	%	n	%	n	%
	Always/Most times	801	45.5	645	53.6	298	47.4	238	47.9
	Hardly ever/Never	963	54.5	558	46.4	331	52.6	259	52.1
	Total	**1764**	**100.0**	**1203**	**100.0**	**629**	**100.0**	**497**	**100.0**

***Table 4**: Logistic regression model of the data on the Paraíba state, Brazil.*

Variable	β	p-value	OR	CI 95%
1- *In your opinion, getting to the PHC facility is:*				
Very easy (reference)				
Easy	1.43	<0.0001	4.19	1.86 – 9.40
Reasonable	1.33	<0.0001	3.79	1.71 – 8.39
Difficult	0.89	0.03*	2.45	1.08 – 5.57
Very difficult	0.60	0.15*	1.82	0.79 – 4.23
2- *Do you like that the PHC facility operates at night?*				
Yes (reference)				
No	-0.63	0.03*	0.53	0.29 – 0.95
3- *Do the work hours of this PHC facility meet your needs?*				
Yes (reference)				
No	-0.50	<0.0001	0.60	0.48 – 0.75
4- *When you set up an appointment, is it usually for the same day?*				
Yes (reference)				
No	-0.17	0.03*	0.83	0.71 – 0.98
5- *During consultations, when the team members make the physical examination, do they examine your body, throat and belly?*				
Always (reference)				
Most times	0.31	<0.0001	1.37	1.05 – 1.69
Hardly ever	-0.24	0.04*	0.76	0.61 – 1.03
Never	-0.24	0.03*	0.78	0.63 – 0.99
6- *In your opinion, during consultations, do the health team professionals offer solutions that are appropriate to your reality?*				
Always (reference)				
Most times	-0.00	0.95	0.99	0.82 – 1.19
Hardly ever	-0.42	0.01*	0.65	0.47 – 0.91
Never	-0.73	<0.0001	0.47	0.32 – 0.71
7- *During treatment in this facility, does the physician allow sufficient time for you to talk about your concerns or problems?*				
Yes (reference)				
No	-0.69	<0.0001	0.50	0.40 – 0.61
8- *Do the professionals in this PHC facility usually ask about your family?*				
Always (reference)				
Most times	-0.11	0.36	0.89	0.70 – 1.13
Hardly ever	0.13	0.33	1.14	0.87 – 1.50
Never	-0.20	0.04*	0.81	0.66 – 0.99
9- *Does your community health worker (CHW) visit you at home?*				
Yes (reference)				
No	-0.28	0.01*	0.75	0.59 – 0.94
There is no CHW in this PHC facility or in my neighborhood	-0.06	0.862	0.93	0.45 – 1.91
10- *When you wish to file a complaint or suggestion at the health care facility, are you able to do so?*				
Yes (reference)				
Yes, but with difficulty	-0.41	0.04*	0.66	0.44 – 0.98
No	-0.38	0.01*	0.68	0.49 – 0.93
Never needed to	0.28	0.02*	1.33	1.05 – 1.68

*Note:*Significant at 5%.*

DISCUSSION

This study surveyed users from the macro-regional health districts of Paraíba state for their satisfaction on health care assistance. It was possible to identify distinct responses in each of the districts according to the variables analyzed. A high percentage of users from the health districts 1 and 4 were not satisfied with the time of consultation with the physician and with their mechanism of participation in the facility via suggestions/complaints and physical examinations during consultations. This approach, which subdivides the state of Paraíba into macro-regions, demonstrated the need for a differentiated care that considers the singularities of each health district across the state, with the elaboration of specific policies.

Studies on user satisfaction have been widely employed to determine the quality of health care services so that to subsidize the decision-making process. This type of study provides guidance to managers and influences and values the user's role within the health service through popular participation.[8,12-14]

With regard to the variable gender, there was a higher percentage of female users in all macro-regional health districts of Paraíba state. These findings are in line with the literature showing that the presence of men attending PHC services is lower than that of women.[14-16] This could be justified by the fact that men prioritize their work-related activities. As such, the search for health care would result in the need to be absent from their occupations, which could compromise their livelihoods.[17]

Although this study found no association between user's gender and satisfaction, studies have shown that women are more likely to criticize healthcare services due to the greater demand of females attending PHC facilities.[7,16]

The large majority of users from the macro-regional health district 1, which is more densely populated than the other districts, reported that the work hours of the public health care facilities did not meet their needs. This can be explained due to the fact that most of these users work during business hours and far away from their homes,[18] which would require an extended shift to facilitate access to health services. However, providing such an after-hours service in this area is difficult due to the high rates of crime and violence. For this reason, some PHC facilities restrict their practice time and modify after-hours arrangements or even withdraw from after-hours care. That difficulty was also found by urban Australian PHC teams, who have restricted or modified their practice and after-hours care because of the violence risk.[19-21]

In addition, the regression model indicated that user satisfaction decreases as the work hours of the PHC facility does not meet the user' needs, which is in agreement with other studies.[13,14]

There was a higher percentage of users from the health district 2 that consider the distance from their home to the PHC facility as "reasonable/difficult". This can be related to the percentage of the population that is not covered by the FHS Program in the city of Campina Grande (22.8% by August 2016), which is the city with the largest number of inhabitants included in the health district 2.[22] Of note, the greater the FHS coverage, the greater the number of PHC facilities and, as a consequence, the better the organization of demand and access to services. Such approach helps reducing the distance between the user's home and the PHC facility so that to increase responsiveness to their needs and expectations.[23] Therefore, the "easiness" to reach the healthcare facility increases the likelihood of user satisfaction. Protasio et al. analyzed user satisfaction on the PHC Program in different regions of Brazil and also verified, among other factors associated to satisfaction, the distance between the user's home and the PHC facility.[13]

Similarly, Viegas, Carmo and Da Luz pointed out that 71.1% of users reported attending the PHC facility on a frequent basis to meet their health needs / demands. They added that the reason for such an attendance was related to the proximity of the PHC facility to their households.[24] With regard to appointment scheduling, the likelihood of user satisfaction is decreased if the appointment cannot be set up for the same day.

A higher percentage of users from health district 4 reported that health professionals never perform physical, throat and belly examination during the consultations, which decreases the likelihood of user satisfaction. This health district comprises medium and small size municipalities located in the backlands of the state of Paraíba. This may also be related to the predominance of care practices based on the biomedical or mechanistic model, focused on the use of medications, request for exams and absence of closer contact with the patient.[25] It is known that physical examinations, together with anamnesis, are necessary tools for diagnosis, action planning, follow-up and evolution of the patient's clinical condition.[26]

A high percentage of users from the macro-regional health district 1 reported that team professionals never suggest solutions suitable for their reality, which decreases the likelihood of user satisfaction. Even if care is not provided within the facility premises, the user can feel satisfied with the health service. Thus, the health professional should use a

welcoming approach focused on the search for solutions; listen to complaints; and identify the users' needs.[27]

Regarding the bond/responsibility and coordination of care, a high percentage of users from the health district 4 considered the time of consultation with the physician insufficient, which decreases the likelihood of user satisfaction. As district 4 is also composed of small and medium-sized municipalities, it is possible that physicians working in PHC facilities dedicate less time to their consultations due to the fact that they may have other job positions, such as private offices. Therefore, a shorter time spent in consultation may be related to their high workload.[28]

The fact that professionals "never" ask about the users' relatives decreases the likelihood of user satisfaction. The bond between professional and user is essential and can influence the production of care in a relationship based on trust, which can serve as an exchange channel of knowledge between professionals and users.[13] It was verified that this relationship influences the satisfaction of users assisted in public health services. The search for the consolidation of interpersonal relationships with the user, such as investigating the reason that prevented them from returning to care, can help establish closer bonds to the patients' daily lives.[29]

Home visit is considered to be an important approach, as the lack of home visit by CHW decreases the likelihood of user satisfaction. A home visit is understood as a set of health actions carried out at home, aiming to introduce health teams into the context of the community's reality. The findings observed in our study reveal that home visits are an interface for the establishment of the health professional/user relationship, which strengthens the bond and supports users and their families, ultimately influencing their satisfaction with healthcare service.[30]

Regarding the mechanisms for participation and interaction of users, there was a high percentage of users from the health district 1 who reported not being able to file a complaint or suggestion at the health care facility, when desired, therefore negatively influencing satisfaction. These findings point to the role of popular participation in user satisfaction. Social control allows the individual to place himself in an active position in the process of health service evaluation offered by PHC facilities.[13,31]

The use of secondary data is a study limitation, which can generate biases due to the poor quality of information. It should be noted the possibility of selection bias, given that no randomization strategy was carried out to select users who answered the external evaluation questions. In addition, information bias could have occurred due to the extension of the questionnaire.

Nevertheless, PMAQ-AB provides generalized data due to its scope and has therefore a high level of accuracy. In view of that, the results presented herein can generate important subsidies for decision making, aiming to improve health management based on the information provided by users.

It is understood that the assessment of user satisfaction on health care assistance allows changes in the work process organization, in the decision making regarding professional practices and in the prioritization of certain resources.

Among the factors that had a negative impact on user satisfaction on primary care in the state of Paraíba, are: time of consultation with the physician does not meet the users' needs; users are not able to file a complaint or suggestion at the healthcare facility; users cannot schedule same-day appointments; professionals never ask about the users' family; and the Community Health Worker does not make home visits.

As an aid to the decision-making process, the present study points out strategies that can be adopted to increase user satisfaction on health care at the primary care level, such as: reorganization of services in order to facilitate access to health services in accordance with users' needs; respect towards users and towards their rights to exercise autonomy and participation in health decisions; and strengthening of the professional/user relationship through the consolidation of interpersonal relationships.

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