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ORIGINAL ARTICLE

Satisfaction, Resolution and Social Participation of users of Centers for Dental Specialties in Brazil: A PMAQ-CEO Analysis

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Abstract

Objective: To describe satisfaction, resolution and social participation of users regarding the service offered in Brazilian Centers for Dental Specialties (CEOs). **Material and Methods:** An analysis was made of the first phase of PMAQ-CEO, developed during 2014, in which 8,897 users were interviewed. Module III of the instrument external evaluation was used, considering the socio-demographic characterization of the assisted population, and an analysis of satisfaction, resolution and social control of Brazilian CEOs. The bivariate and multivariate Poisson regression analysis with robust variance was used ($\alpha<0.05$). **Results:** The profile of interviewed users is female, from the Northeastern region, brown color, living in the urban zone, incomplete elementary school, income of up to two minimum wages and resident of area covered by the family health strategy. The overall CEO rating is "good" (46.1%) or "very good" (49.2%). The score (0 to 10) given to reception staff and dentists was, respectively, 9.31±1.32 and 9.52±1.02. Among subjects who completed treatment (33.3%), the resolution was 95.3%. Although 89.1% stated they never needed to file a complaint, 68.4% did not know the Unified Health System ombudsman. The positive evaluation of CEO was associated with the good evaluation of professionals involved ($p<0.05$) and the absence of treatment interruption due to lack of material ($p=0.037$). **Conclusion:** The satisfaction of users with the services of Centers for Dental Specialties is high and treatments offered are resolutive. Social control tools need to be better known by users.

Keywords: Quality of Health Care; Dental Care; Patient Satisfaction.

Introduction

The history of oral health care provided by the public sector until the end of the 1980s was characterized as exclusive, individualistic, technicist, mutilating, with high cost and low social impact [1]. In an attempt to overcome this model, the health reform movement stimulated the creation of a public health system considered universal, equitable, integrated, hierarchical and decentralized, offering full and resolute attention, under the constant surveillance of the population [2]. Although there are still several limitations and barriers to the implementation of the principles of the Unified Health System (SUS), its creation was the main determinant for the transformations of the model of practices and health care offered to the population [2,3].

The low social impact of oral health actions in the public sector was evidenced by the survey of the oral health conditions of the Brazilian population in 2003 [4]. This survey demonstrated the need for public policies that would result in increased access and improvement of oral health indicators. Thus, the urgent need for changes in the work process in Dentistry helped to build the guidelines for the National Oral Health Policy [5], which became known as Brasil Sorridente. The implementation of this program represented a milestone in the change in oral health care practices, both individually and collectively [3,6].

Undoubtedly, improvements in social indicators and the expansion of access to health were verified [3]. Collective measures such as water fluoridation and the distribution of toothbrushes and fluoridated toothpaste, although not reaching the entire population, have contributed to the reduction of inequalities in oral health and improvement of indicators [3,7]. In addition, the creation of the Centers for Dental Specialties (CEO) has contributed to the expansion of access to oral health at specialized level, providing especially root canal treatment, access to diagnosis of oral lesions, care for people with disabilities and rehabilitation with the use of prostheses.

The numerical expansion of access and improvement of oral health indicators observed in recent years reflect the evolution of public oral health policies in Brazil. However, this analysis is carried out under purely numerical parameters, and other fundamental aspects for the good quality of services provided to the population are not observed [7,8]. Considering the aspect of quality, it is important to investigate the opinion of users who make frequent use of these health services. In addition, it is necessary to know the resolving capacity of oral health care services at primary and specialized level.

In view of the concern with the quality of services offered, the Program for Improving Access and Quality of Centers for Dental Specialties (PMAQ-CEO) was created. Through this program, the CEO's management opted for contractualisation, which included the commitment to promote permanent health education actions, increase quantitative access and improve the quality of the service offered. This process included external evaluation stages, as well as evaluation through questionnaires aimed at managers, professionals and users.

In this article, we sought to discuss the evaluation performed by users of Brazilian CEOs. Thus, the aim of this study was to describe satisfaction, resolution and social participation of users

regarding the service offered at the Centers for Dental Specialties (CEOs) in Brazil. In addition, an attempt was made to identify the general evaluation and the participation of users on the service provided by CEOs, verifying the associated factors.

Material and Methods

Study Design

An observational, cross-sectional study was carried out in which an inductive approach was adopted, using statistical procedure.

Data Collection

Data from the PMAQ-CEO's external evaluation instrument (AVE-PMAQ-CEO) obtained from the first phase of the program, developed in 2014, were used in this study. Data from the evaluation with users were used in this study, using the Module III of AVE-PMAQ-CEO, with the interview of 8,897 CEO users.

Data were selected on socio-demographic and economic characterization of users, users' opinions on the facilities and service provided by CEOs; the evaluation of users regarding the care offered by the dentist and the care provided by CEO professionals; users' opinion about completion of treatments in CEOs, ability of CEOs to solve health problems, counter-reference and social control of the service.

Data Analysis

The bivariate and multivariate Poisson regression analysis with robust variance was used to determine the association between the dependent variable, general user assessment about CEOs (good and bad) and independent variables (social, satisfaction, resolution and participation of users in CEOs). A hierarchical approach procedure was used in the multivariate regression model to select the variables that reached p value <0.20 in the bivariate analysis. The analysis was performed at three levels, from distal to proximal determinants: (1) social, (2) satisfaction, (3) resolution and social participation in the adjusted analysis of the final regression model ($\alpha<0.05$). All tests were performed in the Statistical Package for the Social Sciences (SPSS) software version 18.0.

Ethical Aspects

The Research Ethics Committee of the Federal University of Pernambuco (UFPE) approved the accomplishment of this research under CAAE Protocol 23458213.0.0000.5208, on July 31, 2014.

Results

The descriptive analysis of study participants (Table 1) shows that 69.8% of users responding to the PMAQ-CEO questionnaire were female, 38.3% were residents of the Northeastern region, and 44.8% self-reported brown or mixed race. Among respondents, 83.9% live in the urban

area and 94.1% live with up to 5 people. The most frequently reported schooling was incomplete elementary school (30.0%) and complete high school (28.5%). Paid work is performed by 49.7%, with 16% of the sample were composed of retired people and 46.9% receive the equivalent of 1 to 2 minimum wages. Among users, 75.1% live in an area covered by the Family Health Strategy and 30.5% are beneficiaries of the Family Allowance Government program.

Table 1. Distribution of study participants according to socioeconomic variables, coverage of family health strategies and social benefits.

Variables		N	%
Sex	Male	2684	30.2
	Female	6213	69.8
Macroregion of the State of Residence	Northern	492	5.5
	Northeastern	3405	38.3
	Midwestern	563	6.3
	Southeastern	3296	37.0
	Southern	1141	12.8
Color or Race	White	3563	40.0
	Brown	1032	11.6
	Yellow	171	1.9
	Brown/Mixed	3982	44.8
	Indigenous	82	0.9
	Ignored	67	0.8
Area of Housing	Urbana Zone	7465	83.9
	Rural Zone	1432	16.1
Number of persons in the house	1 to 3	4144	46.6
	4 to 6	4225	47.5
	7 to 10	482	5.4
	More than 10	46	0.5
Schooling	Not literate	363	4.1
	Literate	305	3.4
	Incomplete elementary school	2673	30.0
	Complete elementary school	988	11.1
	Incomplete high school	918	10.3
	Complete high school	2539	28.5
	Incomplete higher education	530	6.0
	Complete higher education	482	5.4
	Post-graduation	99	1.1
Retired	Yes	1422	16.0
	No	7475	84.0
Performs Paid Work	Yes	4426	49.7
	No	4471	50.3
Family Income	No Income	172	1.9
	Less than 1 Minimum Wage	1222	13.7
	From 1 to 2 Minimum Wages	4170	46.9
	From 2 to 3 Minimum Wages	1800	20.2
	From 3 to 5 Minimum Wages	1004	11.3
	From 5 to 10 Minimum Wages	265	3.0
	More than 10 Minimum Wages	35	0.4
	Do not Know / Not Informed	229	2.6
Lives in area covered by Family Health Strategy	Yes	6682	75.1
	No	1877	21.1
	Do not Know /	338	3.8
Beneficiary of Family Allowance Government Program	Yes	2711	30.5
	No	6137	69.0
	Do not Know /	49	0.6

Overall, participants' opinion on the facilities and services provided by CEOs (Table 2) is positive, with "Good" and "Very Good" indexes reported by 46.1% and 49.2%, respectively. Although lack of material was reported by 17.9%, 89.2% considered the facilities to be adequate for use; 95.1% consider good cleanliness; 73.0% observed adequate facilities in the waiting room; 81.4% consider facilities good or very good; and 86.1% did not change CEOs if they had the opportunity. Distance was the most reported factor (7.8%) as a reason to change CEOs. The recommendation of CEO to some family member was reported by 96.7%.

Table 2. General opinion of the study participants according to the facilities and service provided by CEOs.

Opinion		N	%
Treatment was interrupted due to lack of material	Yes, always	201	2.3
	Yes, sometimes	1389	15.6
	Never	7307	82.1
Consider the CEO's facilities appropriate for use	Yes (adequate)	7934	89.2
	Not (inadequate)	963	10.8
Considers the CEO's facilities adequate regarding cleaning	Yes (adequate)	8460	95.1
	Not (inadequate)	437	4.9
Considers waiting room facilities suitable for use	Yes (adequate)	6497	73.0
	Not (inadequate)	2400	27.0
General opinion on CEO facilities	Very good	2382	26.8
	Good	4855	54.6
	Regular	1473	16.6
	Poor	141	1.6
	Very poor	46	0.5
Would change CEO If I had the opportunity	Yes	1238	13.9
	No	7659	86.1
	Not applicable	0	0.0
Would change CEO due to distance	Yes	691	7.8
	No	547	6.1
	Not applicable	7659	86.1
I would change CEO due to schedules	Yes	129	1.4
	No	1109	12.5
	Not applicable	7659	86.1
Would change CEO because I was poorly served	Yes	87	1.0
	No	1151	12.9
	Not applicable	7659	86.1
Would change CEO due to poor facilities	Yes	318	3.6
	No	920	10.3
	Not applicable	7659	86.1
Would change CEO for other reasons	Yes	249	2.8
	No	989	11.1
	Not applicable	7659	86.1
I would recommend the CEO to some family member	Yes	8601	96.7
	No	296	3.3
General opinion on the CEO	Very good	4373	49.2
	Good	4098	46.1
	Regular	387	4.3
	Poor	26	0.3
	Very poor	13	0.1

The scores attributed by users to the dentist and reception staff (Table 3) also illustrate a positive scenario. The average and median observed are higher than 9, which represent a concept of good to very good quality. The position of the 25% quartile also indicates that a proportion less than 25% attributed scores below 9.0. However, it should be noted that users still rated score 0 (very poor).

Table 3. Evaluation of the study participants with scores (0 to 10) regarding the care offered by dental surgeons and attention given by reception staff of CEO's.

	Mean	SD	Median	Q25	Q75	Minimum	Maximum
CEO score according to the care provided by the dental surgeon	9.52	1.02	10.0	9.0	10.0	0.0	10.0
CEO score according to the care provided by the reception professional	9.31	1.32	10.0	9.0	10.0	0.0	10.0

SD: Standard Deviation; Q25: 25% Quartile; Q75: 75% Quartile.

Regarding the conclusion of treatments in CEOs, resolution of the health problem (s), counter-reference (Table 4), respondents indicated that 33.3% concluded treatment and 31.7% considered the problem solved. Counter-reference for primary care was reported by 13.7% and the formalization of this referral by 11.3%. Regarding social control (Table 4), 89.1% reported that they never had to register any type of complaint; but 31.6% declared that they knew the Unified Health System (SUS) ombudsman.

Table 4. Distribution of the study participants regarding the conclusion of the treatment in CEOs, health problem resolution, counter-reference and social control of the service.

Variables		N	%
Concluded Treatment	Yes	2959	33.3%
	No	5938	66.7%
Evaluation of the health problem after completing treatment	Resolved	2819	31.7%
	Not Resolved	140	1.6%
	Not applicable	5938	66.7%
Was referred to Basic Health Unit after completing treatment	Yes	1219	13.7%
	No	1740	19.6%
	Not applicable	5938	66.7%
Received document for referral to Basic Health Unit	Yes	1007	11.3%
	No	1952	21.9%
	Not applicable	5938	66.7%
Was able to file a complaint or suggestion form about service offered to CEOs	Yes	387	4.3%
	Yes, but with difficulty	111	1.2%
	No	473	5.3%
	Never needed	7926	89.1%
Receives follow-up of complaint / suggestion recorded	Yes, quickly	272	3.1%
	Yes, but it took some time	89	1.0%
	No	137	1.5%
	Not applicable	8399	94.4%
Knows SUS Ombudsman	Yes	2809	31.6%
	No	6088	68.4%

Regarding the logistic regression model established in this study, only variables "treatment interruption", "Score attributed to the dentist" and "Score attributed to reception professionals" were

included in the final model. As a result, it was found that treatment interruption due to lack of material is an important factor for the CEO to have a "poor" rating (score other than 10). When treatment is not discontinued, the prevalence of scores 10 is 1.83 times greater than when material is missing. In addition, the CEO's "poor" assessment may be related to the poor assessment of the Dentist and poor assessment of the reception staff. It was verified that users who assigned scores from 0 to 7 to these criteria also evaluated CEOs with score lower than 10. When the scores assigned to professionals were less than or equal to 7, the prevalence of scores other than 10 was more than twice higher (PR = 0.44 and PR = 0.45).

Table 5. Bivariate and multivariate Poisson regression models for the association between user's evaluation of CEOs and independent variables.

Variables	CEO Assessment		Bivariate		Multivariate	
	Poor	Good	Unadjusted PR		Adjusted PR	
	N (%)	N (%)	p-value	PR (95% CI)	p-value	PR (95% CI)
Level 1 - Social Characteristics of Users						
Sex						
Male	107 (4.0)	2577 (96.0)	0.014	1.01(1.00-1.02)	-	-
Female	319 (5.1)	5894 (94.9)		1.00	-	-
Race (skin color)						
White	122 (3.4)	3441 (96.6)	0.041	1.09 (1.00-1.19)	-	-
Brown	60 (5.8)	972 (94.2)	0.141	1.07 (0.97-1.17)	-	-
Yellow	12 (7.0)	159 (97.0)	0.273	1.05 (0.95-1.16)	-	-
Brown/Mixed	219 (5.5)	3763 (94.5)	0.118	1.07 (0.98-1.17)	-	-
Indigenous	5 (6.1)	77 (93.9)	0.226	1.06 (0.96-1.18)	-	-
Ignored	8 (11.9)	59 (88.1)		1.00	-	-
Living Area						
Urbana	333 (4.5)	7132 (95.5)	0.004	1.02 (1.00-1.03)	-	-
Rural	93 (6.5)	1339 (93.5)		1.00	-	-
Number of People per House						
1 to 3	166 (4.0)	3978 (96.0)	0.043	1.02 (1.00-1.04)	-	-
4 to 6	227 (5.4)	3998 (94.6)	0.431	1.00 (0.98-1.03)	-	-
7 or more	33 (6.3)	495 (93.80		1.00	-	-
Schooling						
Illiterate	12 (3.3)	351 (96.7)	0.608	1.00 (0.98-1.02)	-	-
Literate	16 (5.2)	289 (94.8)	0.329	0.98 (0.95-1.01)	-	-
Elementary	164 (4.5)	3497 (95.5)	0.324	0.99 (0.98-1.00)	-	-
High School	191 (5.5)	3266 (94.5)	0.017	0.98 (0.96-0.99)	-	-
Higher Education / Post	43 (3.9)	1068 (93.1)		1.00	-	-
Family Income						
No income / < 1 MW	90 (6.5)	1304 (95.5)	0.661	1.02 (0.92-1.13)	-	-
1 to 3 MW	294 (4.9)	5676 (95.1)	0.455	1.04 (0.93-1.15)	-	-
3 to 10 MW	29 (2.3)	1240 (97.7)	0.200	1.06 (0.96-1.18)	-	-
>10 MW	3 (8.6)	32 (91.4)		1.00	-	-
Beneficiary of the Family Allowance Government Program						
Yes	190 (7.0)	2521 (93.0)	0.000	0.96 (0.95-0.97)	-	-
No	235 (3.8)	5902 (96.2)		1.00	-	-
Lives in an Area Covered by Family Health Strategy						
Yes	277 (4.1)	6405 (95.9)	0.000	1.03 (1.02-1.04)	-	-
No	138 (7.4)	1739 (92.6)		1.00	-	-
Level 2 - Satisfaction Characteristics of CEO						
Treatment Discontinuation due to Lack of Material						
Yes	177 (11.1)	1413 (88.9)	0.000	0.92 (0.90-0.93)		1.00
Never	249 (3.4)	7058 (96.6)		1.00	0.037	1.83 (1.03-3.32)

CEO Facilities						
Adequate	258 (3.3)	7676 (97.7)	0.000	1.17 (1.13-1.20)	-	-
Inadequate	168 (17.4)	795 (82.6)		1.00	-	-
CEO Cleanness						
Adequate	330 (3.9)	8130 (96.1)	0.000	1.23 (1.17-1.29)	-	-
Inadequate	96 (22.0)	341 (78.0)		1.00	-	-
CEO Waiting Room Facilities						
Adequate	193 (3.0)	6304 (97.0)	0.000	1.07 (1.03-1.09)	-	-
Inadequate	233 (9.7)	2167 (90.3)		1.00	-	-
Would Change CEO due to Distance						
Yes	76 (11.0)	615 (89.0)	0.000	1.25 (1.18-1.23)	-	-
No	160 (29.3)	387 (70.7)		1.00	-	-
Would Change CEO due to Schedules						
Yes	49 (38.0)	80 (62.0)	0.000	0.74 (0.65-0.85)	-	-
No	187 (16.9)	922 (83.1)		1.00	-	-
Would Change CEO due to Facilities						
Yes	77 (24.2)	241 (75.8)	0.013	0.91 (0.85-0.98)	-	-
No	159 (17.3)	761 (82.7)		1.00	-	-
Score Assigned to CEO According to the Care Provided by the Dental Surgeon						
0 to 7	122 (36.0)	217 (64.0)	0.000	0.66 (0.61-0.71)	0.032	0.44 (0.21-0.93)
8 to 10	304 (3.6)	8254 (96.4)		1.00		1.00
Score Assigned to CEO According to the Assistance Provided by Reception Staff						
0 to 7	191 (28.0)	490 (72.0)	0.000	0.74 (0.70-0.77)	0.016	0.45 (0.23-0.86)
8 to 10	235 (2.9)	7981 (97.1)		1.00		1.00
Level 3 - Characteristics of Resolution and Participation of Users in CEOs						
Evaluation of the Health Problem after Completing Treatment						
Resolved	95 (3.4)	2724 (96.6)	0.003	1.10 (1.03-1.17)	-	-
Not resolved	17 (12.1)	123 (87.9)		1.00	-	-
Was Referred to the Basic Health Unit after Completing Treatment						
Yes	30 (2.5)	1189 (97.5)	0.001	1.02 (1.01 -1.03)	-	-
No	82 (4.7)	1658 (95.3)		1.00	-	-
Was able to fill a Complaint or Suggestion form about Service Offered to CEOs						
Yes	32 (8.3)	355 (91.7)	0.001	0.95 (0.92-0.98)	-	-
Yes, with difficulty	32 (28.8)	79 (71.2)	0.000	0.73 (0.65-0.83)	-	-
No	86 (18.2)	387 (81.8)	0.000	0.84 (0.81-0.88)	-	-
Never needed	276 (3.5)	7650 (96.5)		1.00	-	-
Receives follow-up of Registered Complaint / Suggestion						
Yes, quickly	18 (6.6)	254 (93.4)	0.000	1.19 (1.08-1.31)	-	-
Yes, but it took some time	16 (18.0)	73 (82.0)	0.466	1.05 (1.02-1.19)	-	-
No	30 (21.9)	107 (78.1)		1.00	-	-

MW: Minimum Wage. *Poisson regression not adjusted for users' assessment of CEOs and independent variables. ✝ Multivariate Poisson regression adjusted for users' assessment of CEOs and social characteristics of users, satisfaction, resolution and participation of users in CEOs by the hierarchical procedure.

Discussion

The profile of interviewed users is female, from the Northeastern region, brown color, living in the urban zone, incomplete elementary school, income of up to two minimum wages and living in area covered by the family health strategy. These characteristics are consistent with the socio-demographic profile of the population that has access to the Unified Health System [9,10]. The profile of interviewed users should also reflect the distribution of health services in Brazil in order to favor individuals with lower income, under the principle of equity.

In general, users' opinions about the Centers for Dental Specialties (CEO) were positive, and facilities were considered "good" or "very good". This is likely to be related to the positive

assessment of the CEO's facilities as well as the absence of treatment interruptions. In this sense, the literature establishes that the best performance of CEOs is related to the greater availability of infrastructure [11,12]. In addition, the greater availability of services and the expansion of the care network resulted in greater access of users, which may be related to their greater satisfaction [11,12].

Regarding the evaluation of CEOs according to the performance of human resources involved, it was observed that users assigned a positive evaluation both for reception staff, as well as for dentists. As discussed in literature, the best quality of health services is related to the qualification of professionals through strategies of permanent education in health [13,14]. As is well known, PMAQ contractualisation foresees the implementation of permanent health education actions, which must develop skills and competencies focused on the attention and the resolutiveness of users.

As demonstrated in the logistic regression model described in this study, the CEO's positive ("good" or "very good") assessment was related to the absence of treatment interruption as well as the positive evaluation of human resources involved in care. These results corroborate literature and point out that users' satisfaction with Unified Health System service provision is linked to light technologies, such as professional qualification [13,14].

In addition, among users who reported completion of treatments (n = 2959), 95% (n = 2819) reported having their health problems resolved. Certainly, this is also an aspect related to service satisfaction, and therefore deserves greater attention from Unified Health System managers. Under the conditions of the present study, it was not possible to establish a significant association with the resolution, since only 33.3% of respondents declared the conclusion of treatments. However, the literature has pointed out that the resolution of treatments is a key domain for satisfaction with SUS treatments [15-17].

In view of the results of the present study, there is need to qualify aspects of the sector such as the valorization of the reference and counter-reference system, as well as social control. Under the conditions of the present study, lower proportion of users reported receiving referral of the family health strategy, as well as the counter-reference document. In addition, a lower proportion of users reported knowing the social control tools. The articulation of specialized services with the basic care network is necessary to increase the access and to obtain greater resolution of Unified Health System [18]. In turn, these processes are also closely linked to the improvement of service quality [13,18]. The ability of users to assess the operation of CEOs confers greater importance and greater implication on the service. Thus, social control tools must also be popularized in order to make them widely known to users.

The logistic regression model presented in this study points out the potential that CEOs have offered for better quality of service. Future studies should also consider the quantitative aspects of infrastructure and production, which linked to the users' opinions, can give a realistic impression about the quality of the dental services offered in Brazilian CEOs. Undoubtedly, the movement

generated by PMAQ-CEO tends to contribute to the qualification of the sector, with a view to improving indicators, as well as the implication of professionals and managers for the qualification of services.

To improve quality, the CEO's manager, operationally, must invest in the purchase of inputs so that treatments are not interrupted; as well as in professional qualification so that reception staff and dental surgeons are always well-valued in the opinion of users. In this sense, the PMAQ-CEO strategy, established by Administrative Rule No. 261 / GM / MS, of February 21, 2013, tends to meet these demands and act significantly in improving the quality and satisfaction perceived by users. Analyses of the next evaluation cycles of PMAQ-CEO are necessary to confirm the aspects observed in the present study, in addition to confirming the increasing tendency of qualification of the sector.

Conclusion

The profile of users of Brazilian Centers for Dental Specialties is compatible with the profile of Unified Health System users. Users' assessment of CEOs in Brazil is "good" or "very good", with satisfaction with services and resolutive treatments. The referral and counter-reference system needs to be expanded and formalized; while social control tools need to be better known to users.

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