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RESEARCH

Percepção de usuários com hipertensão acerca da assistência recebida na atenção primária

Perception of users hypertensive fence of assistance program received in primary care

Percepción de usuarios de hipertensión cerca del programa de ayuda recibida en atención primaria

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ABSTRACT

Objective: To know the perception of people with hypertension about the care received in primary care. **Method:** A descriptive qualitative study was conducted with 42 people with hypertension enrolled in five teams of the Family Health Strategy Maringá-Paraná. Data were collected between April and June 2013 during group meetings, using guiding questions, which were recorded, transcribed and analyzed for thematic content. The study was approved by the Ethics Committee on Human Research under Opinion 880/2007. **Results:** categories emerged: Activities of HIPERDIA focused on drug delivery: two sides of the same coin; Gaps and difficulties in HIPERDIA; and A good relationship with health professionals generates satisfaction with the service. **Conclusion:** how the user perceives the service is related to the receipt of medicines, availability and flexibility in service hours, and related health professionals. **Descriptors:** Hypertension, Patient satisfaction, Health evaluation, Family health.

RESUMO

Objetivo: conhecer a percepção de pessoas com hipertensão acerca da assistência recebida na atenção primária. **Método:** estudo descritivo de natureza qualitativa, realizado com 42 pessoas com hipertensão cadastradas em cinco equipes da Estratégia Saúde da Família de Maringá-Paraná. Os dados foram coletados entre abril e junho de 2013, durante reuniões dos grupos, utilizando questões norteadoras, as quais foram gravadas, transcritas e submetidas à análise de conteúdo temático. O estudo foi aprovado pelo Comitê de Ética em Pesquisa com Seres Humanos sob o Parecer 880/2007. **Resultados:** emergiram as categorias Atividades do HIPERDIA focadas na entrega de medicamentos: duas faces de uma mesma moeda; As lacunas e dificuldades no HIPERDIA; e A boa relação com profissionais de saúde gera satisfação com o serviço. **Conclusão:** a forma como o usuário percebe o serviço está relacionada ao recebimento de medicamentos, disponibilidade e flexibilidade nos horários de atendimento, e relação com profissionais de saúde. **Descritores:** Hipertensão, Satisfação do paciente, Avaliação em saúde, Saúde da família.

RESUMEN

Objetivo: Conocer la percepción de las personas con hipertensión sobre la atención recibida en atención primaria. **Método:** Estudio cualitativo descriptivo, realizado con 42 personas con hipertensión matriculados en cinco equipos de la Estrategia Salud de la Familia Maringá-Paraná. Los datos fueron recogidos entre abril y junio 2013, durante las reuniones de grupo, utilizando preguntas orientadoras, las cuales fueron grabadas, transcritas y analizadas para el contenido temático. El estudio fue aprobado por el Comité de Ética en Investigación en Seres Humanos bajo Dictamen 880/2007. **Resultados:** Categorías surgieron: Actividades de HIPERDIA centran en la administración de fármacos: dos caras de la misma moneda; Carencias y dificultades en HIPERDIA; y una buena relación con los profesionales de la salud genera satisfacción con el servicio. **Conclusión:** cómo el usuario percibe el servicio está relacionado con la recepción de medicamentos, disponibilidad y flexibilidad en las horas de servicio, y profesionales de la salud relacionados. **Descriptor:** Hipertensión, Satisfacción del paciente, Evaluación de la salud, Salud de la familia.

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INTRODUCTION

The profound transformations by which Brazil is passing in the political, economic and social context have generated a complex change in the profile of diseases affecting the population, characterized by increased incidence of Chronic Noncommunicable Diseases (NCDs). The longevity of individuals and the high proportion of those with NCDs, started to generate a change in the care provided in health services, especially in Primary Health Care (PHC).¹

In this scenario, there is the sharp increase in arterial hypertension (HA) worldwide, becoming as the most frequent the cardiovascular disease and major risk factor for complications such as stroke and myocardial infarction is estimated.² In the city of Maringa there are about 34.000 people with hypertension and about half of them are registered in the municipality Hiperdia program, demonstrating the deficiency in coverage, registration and monitoring of these individuals by the Help Desk.³

With regard to hypertension, Care Reorganization Plan for Arterial Hypertension and Diabetes Mellitus, called HIPERDIA, launched in 2001, aims to organize care in Primary Health Care, by upgrading of health professionals, guarantee the diagnosis, treatment and monitoring of disease, thus promoting the restructuring and enlargement of an effective and quality care.⁴

Considering the difficulties in adapting to the need to change habits and assistance in constant and efficient health for people living with the disease, HIPERDIA has become an important tool to equip the service in this area. In this sense, the program facilitates the identification of factors and risk behaviors, enabling the proper drug therapy and, above all, encouraging and enabling people with HA for self-care. This process occurs through guidance and information, and aims to qualify to live with the disease, improve adherence to treatment and thus minimize complications.⁵

The evaluation of the effectiveness of this program has become the focus of some studies,⁶⁻⁷ showing that, despite the relatively good access to medicines and the satisfaction of most users, the difficulty in appointing medical consultations, the high rates of non-adherence and high blood pressure found in study participants, show a challenge in quality of care, justifying the search for improvements of the same.

Improvements in health programs, in many cases, are the result of evaluation processes. These assessments, in turn, take place by different means, including voicing people with HA assisted by the program, so that they can express how they perceive the service and the assistance received.⁸ It should be noted though, the search for satisfaction users and families has become a current concern, which has been shown that the better the

care provided to the community, the better the adherence and control effectiveness, treatment and prevention of these diseases.⁸⁻⁹

Customer's satisfaction as a result of health care is an important indicator of quality of the service, which is related to the work of professionals as they tackle perceptions, values and expectations of individuals in relation to health services.¹⁰ Thus, provide a true picture of their needs, helping to promote actions that help the quality of care.¹¹ Therefore, know the perception of users with HA on assistance provided in the PHA enables not only to identify the factors that influence the adherence to the program, but also know the impact of health actions, as well as positive and negative aspects of the service.⁷

Therefore, the objective of the study was to understand the perception of people with high blood pressure about the care received in HIPERDIA program in Maringá-PR.

METHOD

This is a descriptive study of a qualitative nature, held in Maringá, Parana. This municipality has 66 teams of the Family Health Strategy (FHS), allocated in 29 Basic Health Units (BHU). FHS teams usually perform Hiperdia meetings quarterly. About 30 individuals are allocated to each group of HIPERDIA, but the participation in them is variable. To conduct the study there were raised days and times that would be held the meeting by the teams during the months from April to June 2013 period for the collection of study data, and you can participate in five meetings. Participated in the research 42 hypertensives 18 years old, of both genders, which were present in HIPERDIA meetings held during the data collection period.

After the explanation of the objectives of the study, those who agreed to participate were asked to remain in place after the end of the meeting. At this point the team members withdrew and the group was invited to manifest on the following guiding questions: Are you satisfied with the care received by the hypertensive? Why? What is your opinion about the quality of care to hypertensive offered by this team of the FHS? What suggestions would you give to improve care to hypertensive offered by this team of FHS?

The group sessions lasted an average of 30 minutes and with the permission of the participants they were recorded on a digital device and later transcribed and analyzed according to the technique of thematic modality content analysis, the following three phases: pre-analysis, material exploration and data processing.¹¹

The pre-analysis is the phase of organization of documents that occurred in the brief reading, the choice of reports, the formulation of hypotheses, the choice of indices and the development of indicators to support the interpretation. The material exploration stage was to find groups and associations to respond to the study objectives emerging thus categories.

Already the treatment phase of the results realized the time they were made inferences and interpretation of the results found.¹² Through this analysis revealed three themes: HIPERDIA of activities focused on drug delivery: two sides of the same coin; The gaps and difficulties in HIPERDIA; and A good relationship with health professionals generates satisfaction with the service.

The development of the study took place in accordance with the recommendations in Resolution 196/96 of the National Health Council that regulates research with human beings. The project was approved by the standing committee of ethics in research involving human beings of the State University of Maringa, (Opinion paragraph nº 170666-2012). Users were identified by the letter U, followed by an indicative number of age and the letter M or F, for male or female, respectively.

RESULTS AND DISCUSSION

Of the 42 respondents, the majority (28) were female. The age of participants ranged from 35 to 84 years old; and, in women 35-84 and men 50 to 81. Regarding marital status, the majority (29 participants) were married, 12 were widowed and one single. Considering the schooling time, 16 respondents finished elementary school, 15 know only sign their names, six completed primary school, four high school and only one completed higher education.

The predominant family income (26 participants) was a minimum wage. The hypertension diagnosis ranged from six months to 32 years, and 29 participants also mentioned other comorbidities such as diabetes mellitus (13), heart disease (eight), depression (seven), and stroke (four).

After persistent data readings there were identified users' perceptions about the care provided in the HIPERDIA program, revealing three themes, which will be described below.

HIPERDIA's activities focused on drug prescription: two sides of the same coin

According to the perception of some users, HIPERDIA activities are ignorant because they are limited to the supply of medicines.

I think to be better has to be more to this meeting, because I just come here and get the medicine doesn't change a lot and still have people come home and do not here right? I think that there are more lectures, teaching the people here to take care of themselves, encourage. (U76F30)

I think I have a long way to go yet! Just to pick up the medicine it's OK, but what about when you need a consultation? We're on hand. The doctor here is good, but just to pass the prescription again and continue the treatment that we do. But we have more trouble right?

Unfortunately, one thing is connected in the other! You can't view everything separate. (U57F)

However, for some users, this same activity, namely the distribution of drugs, was considered as a relevant factor for the satisfaction with the program:

"We don't need to go to the health center early morning, sometimes make an appointment and after two days back there just to get the medicine. So the way it's so much easier for us isn't it? We come here, get the recipe and already get straight." (U69M)

"They serve us well! So, I think the attendance of them do not have what you like and don't like. It's a lot better coming and getting the medicine." (U75F)

"But for what I need at the moment is to control the pressure, here is being good. While it is just to get the medicine here is good". (U72F)

Gaps and difficulties in the HIPERDIA program

The absence of a physician during the HIPERDIA encounters was reported by some users, being highlighted, including the presence of even reduces, the need for visits to the BHU:

"If there was a doctor here would be great! Make the query, get the questions [...] we wouldn't even need to go in the health center! It would end up reducing the amount of people who go there, easier even for them." (U65F)

The delay/difficulty in scheduling consultations, whether specialized or not, and even the absences of an anamnesis and complete physical examination during the same have also been reported by participants:

"There's query that takes out or is the doctor who examines you right. A lot of people can't afford and depends on the clinic, isn't it?" (U66M)

"Our problem is specialized consultation. In our case a cardiologist, so... I came here these days even mark and they said "damn... you have no preview". I myself, have I hope I make an appointment for three years." (U73F)

Accessibility was reported by some users as workers hampered due to lack flexibility in times that can reach as many people as possible and even suggested holding extra meetings at more convenient times:

"I can't be missing! Gets a little hectic! If they did in another time, sometimes more in the afternoon, or if they could deliver the medicine before to release who cannot be better!" (U43M)

"But I haven't been in every meeting, because I work, because of the time huh? So if they could brand some meetings at a time more accessible [...] for that staff, would be a good". (U35M)

"I think bad time too. I got to have lunch quickly to give time and run up because I live far away from here! If they could make this meeting twice a month, at different times would be nice! Or put a good time for everyone! (U67F)

The good relationship with healthcare professionals as a motivator of satisfaction

The good relationship between professionals working in the FHS teams and the community has been reported by users, especially the elderly, as a motivating factor in the search for BHU:

"The nurse, girls who give lectures, the staff are delivering medicine. Everyone here is caring too much with us". (U65F).

"The staff is much attentious, it's much attentious with us, asks how we are, if it is taking the medicines rightly, and does conferences. It's very pleasure!" (U67F).

"In particular I like the team working here, meets very well [...] they are very attentive! Must see, treat people very well who do we want to come in, (laughs) ". (U65F).

In addition, the sympathy, attention and good relationship with professionals working in the team were also associated with a good service or the quality of care:

"In these meetings we are always well attended by everyone." (U65M).

"I think the quality of care, they always treat us well, with education, pay attention, teach these things." (U50M).

"The quality service here is good when people come here out happy, you know? The doctor serves very well and all the people treat us very well. It is well attended." (U60F).

The HA monitoring and control in Brazil occur primarily within the APS, specifically in the FHS teams, based on the guidelines of HIPERDIA Program. Thus, it is understood that it is for health professionals active in this level of attention diagnose, capture and pursue strategies that ensure the connection establishment and the satisfaction of these users, ensuring better adherence to treatment and therefore better control of the disease.⁸

More and more national¹⁰⁻³ and international studies¹⁴⁻⁵ have emphasized the importance of recognizing the satisfaction of users with health services offered, as it is directly related to how this user will adhere to care. In turn, to investigate the perception of the user about the care provided in HIPERDIA, it was observed that this is associated with some aspects such as the availability of medication, the actions taken and professionals present during the meetings, and, most of all, good relationship between health professionals and users. Thus, it is understood that the perception and user's satisfaction are linked to the actions taken and the level of involvement of FHS health professionals with HIPERDIA, since all of the above features are subject to change and adjustment by professionals.

The poor perception of care provided to people with hypertension in primary care was present on various aspects. Among them were cited for holding the meeting HIPERDIA mostly based on the delivery of anti-hypertensive drugs, including being appointed as the sole motivation for attending the meetings of HIPERDIA; the absence of medical consultations and

educational activities with lectures and offer appropriate guidance aimed at controlling and living with the disease, which, in summary, features recommended by the National Program for Attention to Hypertension and Diabetes (PNAHD).⁷ Valley note that was reported by respondents that medical consultation it is only prescription medications that are just repeated every quarter.

Thus, one should consider that user satisfaction is also related to the expectations and perceptions of users regarding the services received. Some authors point out that even in the public sector the assessment made by the users involves a complex interplay of elements, like the feeling of gratitude implying a less critical view of the service.¹⁰⁻⁶

Therefore, it is not uncommon users avoid criticizing the services due to the bias of gratitude, fear of losing access, or because of the dependency relationship to health professionals.¹⁶ As an example, we can see in some speeches that the medication distribution was also considered as a relevant factor for the satisfaction with the program. In general, it is found in the speeches of the participants a sense of gratitude for having medications without evidence of an understanding that act as a right of citizenship.¹⁷

However, it is noteworthy that for some participants, delivery of anti-hypertensive drugs is seen as an important point for adherence to HIPERDIA program, encouraging participation in the meetings and thus ensuring continuity in treatment. Despite this, two other studies conducted with users of PHC, also found that the reduced availability of medications was one of the factors that led to dissatisfaction.¹⁸⁻⁹ The distribution of essential medications considered to user needs with chronic degenerative diseases such as hypertension, must be guaranteed so as not to undermine the process treatment and prevention of complications related to the disease.¹⁹

It is worth noting also the emphasis given to the fact need not schedule a new appointment to receive the medication in BHU, which in their perceptions, facilitate access to it. Nevertheless, for certain segments of the population, the usual difficulty to get care results in low expectations and, therefore, the simple fact of being met, or of not having to schedule an appointment to receive the medication, can already produce satisfaction.¹⁶

Thus, user satisfaction is also related to the expectations and perceptions of users regarding the services received. Some authors point out that even in the public sector, the assessment made by the users involves a more complex interplay of elements, like the feeling of gratitude implying a less critical view of service.¹⁰⁻⁶ Therefore, it is not uncommon users avoid criticizing the services due to the bias of gratitude, fear of losing access, or because the dependency relationship to health professionals.¹⁶

It can be said then, that some of the participants perceive the program to HA control as positive and beneficial, especially due to the free distribution of medications associated with the fact that they do not require face queue overnight to get medical consultation. This condition can be justified both by the low purchasing power of users as well as they consider drug therapy the main strategy to control the disease, this aspect is seen as motivating factor infrequently.¹⁷

It is thus understandable that patient satisfaction is directly related to access to care and / or medicine, but also the reception he receives at the gateway to health services. Given this fact, the satisfaction with the program is influenced by the perceived user access to BHU,

and the services it deemed necessary.¹⁸ However, it is not unusual that such access also involved from the service at the front desk, agility in queues and queries, good relationship with the FHS team professionals, medication prescription, to the information and advice received by it.⁷

Thus, it is understood that to ensure adequate assistance to registered users in HIPERDIA program is necessary to carry out an effective monitoring, offering them not only the drugs needed for treatment, but also medical and nursing consultations, quick access to these consultations and other services, also ensuring longitudinality care in order to qualify the assistance provided.^{7,19}

Moreover, to obtain a better result in the treatment of hypertension, other actions should also be prioritized, such as encouraging physical exercise, good eating habits, offering improvements in the quality of life of registered users,²⁰ these aspects, which in no time were cited by respondents as components addressed during the HIPERDIA groups.

With regard to the perception of the study participants when directed to specialized services, we noted in some testimonials dissatisfaction mainly related to long waiting time between the scheduling and the consultation, which reveals the presence of a gap in secondary care. In general, user satisfaction is directly related to the effectiveness and power of resoluteness of the service, and specialized medical consultation, fundamental to the achievement of both.²¹

Assistance to people with HA demands that health staff pay special attention with regard to control problems of disease, which in turn is closely related with the accession process to the treatment. For this control to be effective, a full assistance by the whole team is needed, including medical professionals.²² From this perspective, medical consultation, specialized or not, is configured as a key tool in assisting this population, favoring also the development of the bond with the health service, facilitating adherence to treatment and increasing user satisfaction with service.¹⁰

Faced with this, they discuss the importance of comprehensive care as a way to guarantee access to other specialized services, both to solve their problems as to the continuity of care. Fragmented health care systems are unable to provide continuous assistance to the population.¹³ Above all, the difficulty of access to specialist consultations and complementary examinations necessary for the monitoring and control of hypertension, strikes constitutional rights to corrupt the principles governing the SUS, such as comprehensiveness, fairness and universality of assistance.²³

Another important aspect for the satisfaction and adherence to health programs is the accessibility of users. This includes, among many other things, flexible schedules to cover the largest number of people possible and specificities. In addition, through the testimonies, it was revealed that the time set for the holding of HIPERDIA meetings is seen by some respondents as a difficulty to participate in them.

Whereas all meetings are held during normal operation of BHU, ie between 7 and 17 hours, most registered are working, either formally or informally, leaving the search for health services in the background. It is clear, therefore, that in the user's perspective, satisfaction with the service is also directly related to BHU opening hours and thus the availability of meeting the same.¹³

It is also known that SAH and DM are configured as diseases with increasing early diagnosis in population, ie, it reaches a large share of people in productive years, and even family providers. It is also important to consider that the need for expansion and flexibility of the BHU opening hours, expressed in some testimonials, may indicate the need to adapt the service to the users, thus increasing the possibilities of access of this population.²⁴

Whereas confidence, humanization of care, competence and professional training favor user satisfaction with health services, conducting opinion polls become relevant for enabling feedback of interventions developed by the FHS, thus enabling these seek changes in work processes in order to ensure increasingly qualification delivered to the users.⁹

The relationship between professionals and the community appears as a relevant aspect in the accession process to the actions of the program or its operations. It is observed in the testimonies of the third thematic category, especially in the elderly, the influence of the relationship between the health professional and user; bringing satisfaction with HIPERDIA. In fact, it has already been identified in another study, that user satisfaction with the good relationship, attention and respect maintained between them and health professionals, promote the perception of the HIPERDIA program and, consequently, a better accession to it.⁹

It is believed that when a good relationship is maintained between the patient and health care professionals, guidelines, instructions and user's attendance to meetings, give a more natural and satisfying way. Understanding the team, the time spent to service, the host, the activities and care in relation to psychosocial aspects of patients are important for better adherence to the treatment.⁷

The relationship of empathy and interaction established between professional and community is critical to understanding the conditions of life for people with chronic diseases and consequently to the development of health actions and practices focusing on their real needs. Health professionals seeking to establish a dialogical relationship with family members and ensure closer links between those involved as well as the solution of health problems found through this partnership.²¹

However, it is not uncommon satisfaction with relationships with healthcare professionals be confused with the quality and attention received. The speeches of U50M and U60F showed how the individual perceives the assistance provided; it is a reflection of satisfying relationship with the provider. When the relationship between health professional and patient is perceived as positive, this generates a necessary link between the two, which results in relationship of trust and satisfaction between them.²³

In this context, it is important that a good health service perform self-assessment of its stock periodically. Activities that can improve the quality of care as a humanized medical consultation, effective drug treatment and guidelines for health professionals, particularly nurses, in relation to the maintenance and control of the disease, and assist in daily life and in the management of health services, reflect on good reviews among users.⁷

In particular, it is necessary to consider the perception of the user in the evaluation of the assistance, which not only provides elements for the adoption of new strategies, but mainly provides a critical analysis of care provided / received, which can contribute to a better quality of life of individuals with hypertension.⁷

CONCLUSION

Through the reports of the participants, it was revealed feelings of dissatisfaction about service, especially with regard to the structuring of Hiperdia meetings, primarily serving for delivery of medications. Nevertheless, this same activity was seen as something beneficial for some respondents. The lack of medical consultation, the difficulty for scheduling and conducting specialized consultations, and the inflexibility of timetables to meet the working population, were also cited as negatives in Hiperdia program. However, the good relationship between users and health professionals, in addition to bond and care dispensed by the team, contributes to satisfaction with care.

Despite presenting limitations, especially the fact that the group conversations have been held after the meetings of Hiperdia, and so within BHU, making it difficult for participants to express their opinion more reliably, it reaffirms the validity of the findings. It is stressed that studies evaluating the assistance from the user's perspective, and provide an authentic view of reliable quality of service is important to adapt them to the needs of major stakeholders.

In this way, it is hoped that these findings raise awareness among health care professionals to develop strategies for the training of the staff of the FHS, for an individualized and qualified people with hypertension, focused on the solution of the problems, according to the specific needs of this population.

REFERENCES

1. Malta DC, Cezário AC, Moura L, Morais Neto OL, Silva Junior JB. A construção da vigilância e prevenção das doenças crônicas não transmissíveis no contexto do Sistema Único de Saúde. *Epidemiol Serv Saúde*. 2009 jan/fev; 15(1): 47-65.
2. Borges JWP, Moreira TMM, Rodrigues MTP, Oliveira ASS, Silva DB, Santiago LM. Hypertensive patients with complications registered at Hiperdia in Fortaleza, Ceará: implications for nursing care. *J. Res.: fundam care [periódico na internet]*. 2013 out./dez [acesso em 2014 jun 3]. 5(4):[aproximadamente 4 p.]. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/904/pdf_129
3. Ministério da Saúde (BR). Sishiperdia. Resultados do programa Hiperdia. [Acesso em: 25 de julho de 2013]. Disponível em: <http://hiperdia.datasus.gov.br/>.

4. Ministério da Saúde (BR). Organização Pan-Americana de Saúde. Avaliação do plano de reorganização da atenção à hipertensão arterial e ao diabetes mellitus no Brasil. Brasília; 2004.
5. Filha FSSC; Nogueira LT; Viana LMM. Hiperdia: Adesão e Percepção de Usuários acompanhados pela Estratégia de Saúde da Família. *Rev Rene*. 2011 dez; 12(n. esp.):930-6.
6. Santa Helena ET, Nemes MIB, Eluf-Neto J. Avaliação da assistência a pessoas com hipertensão arterial em Unidades de Estratégia Saúde da Família. *Saúde soc*. 2010 jul/set; 19 (3): 614-26.
7. Fontenele AMDM, Alves SAM, Câmara JT. Avaliação do programa nacional de atenção à hipertensão e diabetes: satisfação dos usuários de uma unidade básica de saúde em Caxias-MA. *Cad. Pesq. São Luís*. 2012 jan/mar; 19(1): 81-7.
8. Ribeiro KSQS, Farias DAA, Lucena EMF, Paes NA, Moraes RM. Avaliação da adesão e vínculo aos serviços de Saúde de hipertensos acometidos por acidente vascular cerebral em municípios da Paraíba. *Revista Bras Ciências Saúde*. 2012 dez; 16(s2):25-34.
9. Dias OV, Vieira MA, Dias JP, Ramos LH. As dimensões da satisfação dos usuários do Programa Saúde da Família: confiabilidade e empatia. *Acta Paul Enferm*. 2011 fev; 24(2):225-31
10. Mendes ACG, et al. Avaliação da satisfação dos usuários com a qualidade do atendimento nas grandes emergências do Recife, Pernambuco, Brasil. *Rev Bras Saude Mater Infant*. 2009 mar/jun; 9(2): 157-65.
11. Lopes JL, Cardoso MLAP, Alves VLS, D’Innocenzo M. Satisfação de clientes sobre cuidados de enfermagem no contexto hospitalar. *Acta Paul Enferm*. 2009; 22(2):136-41.
12. Bardin L. Análise do conteúdo. Lisboa (PT): Edições 70; 2011.
13. Gouveia GC, Souza WV, Luna CF, Szwarcwald CL, Souza Júnior PRB. Health care user satisfaction in Pernambuco State, Brazil, 2005. *Ciencia Saude Coletiva*. 2011 mar/abr; 16(3):1849-61.
14. Tung YC, Chang GM. Patient satisfaction with and recommendation of a primary care provider: associations of perceived quality and patient education. *International Journal for Quality in Health Care*. 2009; 21(3): 206-13.
15. Szecsenyi J, Goetz K, Campbell S, Broge B, Bernd R, Wensing M. Is the job satisfaction of primary care team members associated with patient satisfaction? *BMJ Qual Saf* published online. 2011; 20(6):508-14.
16. Moraes VD, Campos CEA, Brandão AL. Estudo sobre dimensões da avaliação da Estratégia Saúde da Família pela perspectiva do usuário. *Physis [serial on the Internet]*. 2014; 24(1): 127-46.
17. Paula PAB, Souza AIS, Vieira RCPA, Alves TNP. O uso do medicamento na percepção do usuário do Programa Hiperdia. *Ciênc. saúde coletiva*, Rio de Janeiro. 2011; 16(5): 2623-33.
18. Ghisi F, Ceretta LB, Schwalm MT, Birollo IVB, Thomé IPS, Rodrigues F, Soratto MT. Satisfação da comunidade em relação à assistência prestada pela equipe da estratégia da saúde da família. *Revista Inova Saúde*. 2013; 2(1): 176-82.
19. Reis RS, Coimbra LC, Silva AAM, Santos AM, Britto e Alves MTSS, Lamy ZC, Ribeiro SVO, Dias MAS, Silva RA. Acesso e utilização dos serviços na Estratégia Saúde da Família na perspectiva dos gestores, profissionais e usuários. *Cienc Saude Coletiva*. 2013; 18(11): 234-42.
20. Moura ADA, Mendonça MG, Lima GG, Farias LM, Feitosa AR, Chaves ES. Atuação do enfermeiro sob a ótica do usuário hipertenso. *Rev Rene*. 2012 jul/out; 13(3): 504-13.
21. Maciel KF, Ulbrich EM, Labronici LM, Maftum MA, Mantovani MF, Mazza VA. A hipertensão arterial na percepção dos seus portadores. *Cienc Cuid Saude*. 2011 jul/out; 10(3):437-43.

22. Silva SSBE, Colósimo FC, Pierin AMG. O efeito de intervenções educativas no conhecimento da equipe de enfermagem sobre hipertensão arterial. *Rev Esc Enferm USP*. 2010 abr/jun; 44(2):488-96.
23. 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 abr/jun; 18(3):436-43.



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