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USERS' SATISFACTION CONCERNING THE CARE DELIVERED TO CHILDREN AT PRIMARY HEALTHCARE SERVICES[a]

Satisfação das usuárias quanto à atenção prestada à criança pela rede básica de saúde

Satisfacción de las usuarias con la atención prestada por la red básica de salud al niño

Priscilla Shirley Siniak dos Anjos Modes[1], Maria Aparecida Munhoz Gaíva[2]

ABSTRACT

Descriptive assessment study, based on Donabedian's Model of healthcare assessment, which evaluated the satisfaction of mothers and/or legal guardians of children under the age of one concerning the care delivered at the Primary Healthcare Units of Cuiaba, in the state of Mato Grosso, Brazil. Data collection took place between October and December 2010, through a questionnaire answered by 127 people legally responsible for the children. Data were analyzed according to descriptive statistics. The results showed that all the children have access to growth and development monitoring, although not all units check anthropometric parameters. It was noted that nurses are the professionals who most use the Children's Health Booklet and the health care delivered to children was evaluated by the users as average, and the professionals' performance as good. The degree of satisfaction was associated with guidance about accident prevention, child abuse and respiratory problems, as well as with the existence of a space to discuss concerns about the children during appointments and the delivery of free medication.

Keywords: Health Evaluation; Patient Satisfaction; Primary Health Care; Quality of Health Care.

RESUMO

Estudo descritivo avaliativo, pautado no modelo donabediano de avaliação em saúde, que avaliou a satisfação das mães e/ou responsáveis de crianças menores de um ano de idade quanto à atenção prestada pelas Unidades Básicas de Saúde de Cuiabá - Mato Grosso. A coleta de dados transcorreu entre outubro e dezembro de 2010, e se deu por meio de questionário aplicado a 127 responsáveis pelas crianças. Os dados foram analisados segundo estatística descritiva. Os resultados mostraram que todas as crianças têm acesso ao acompanhamento de crescimento e desenvolvimento, contudo nem todas as unidades verificam os parâmetros antropométricos. Verificou-se que o enfermeiro é o profissional que mais utiliza a Caderneta de Saúde da Criança e que o atendimento de saúde prestado às crianças foi avaliado pelas usuárias como regular e a atuação dos profissionais como boa. O grau de satisfação foi associado às orientações sobre prevenção de acidentes, violência e problemas respiratórios, bem como à existência de um espaço para discutir preocupações sobre a criança durante a consulta e ao recebimento gratuito de medicamentos.

Palavras-chave: Avaliação em saúde; Satisfação do paciente; Atenção primária à saúde; Qualidade da assistência à saúde.

RESUMEN

Investigación descriptiva de evaluación, basada en el modelo de Donabedian. El objetivo del presente estudio fue evaluar el nivel de satisfacción de las madres y/o tutores de niños menores de un año con la atención recibida en las unidades básicas de salud de Cuiabá, Mato Grosso. Las informaciones fueron recolectadas entre octubre y diciembre de 2010 a través de un cuestionario aplicado a 127 responsables por niños registrados en la unidad. Los datos fueron analizados utilizando la estadística descriptiva. Los resultados mostraron que todos los niños tienen acceso al control de crecimiento y desarrollo, sin embargo, no todas las unidades verifican los parámetros antropométricos. El enfermero es el profesional que más usa la libreta de salud infantil. El grado de satisfacción fue asociado a las orientaciones sobre prevención de accidentes, violencia y problemas respiratorios, así como a la existencia de un espacio para discutir preocupaciones sobre el niño durante la consulta y al recibimiento gratuito de medicamentos.

Palavras-clave: Evaluación en Salud; Satisfacción del paciente; Atención Primaria de Salud; Calidad de la Atención de Salud.

[1] Master the School of Nursing of the Federal University of Mato Grosso, Cuiabá - MT. Brazil. Member of Research Group Project ARGOS. Teacher at University Center of Centro Várzea Grande - MT. E-mail: priscilladosanjos@yahoo.com.br

[2] Professor, School of Nursing, Federal University of Mato Grosso. Leader of Research Group Project ARGOS. CNPq Researcher. Cuiabá - MT. Brazil. E-mail: mamgaiva@yahoo.com.br

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INTRODUCTION

Child healthcare comprises prevention and care actions, aiming for, besides the reduction of infant mortality (IM), quality healthcare delivery to children, through a holistic and quality care[1] .

In this sense, the Ministry of Health (MS) has defined the guiding principles of children's healthcare, in accordance with the guidelines of the Unified Health System (SUS) and the Family Health Strategy (ESF), including universal access, equity, support, accountability, holistic and problem-solving care, teamwork, health promotion actions and permanent and systematic assessment of the care delivered[2].

Primary Healthcare (PHC), according to the MS, should be articulated with the different levels of healthcare directed to children, providing growth and development (GD) monitoring, continuous healthcare, ensuring referral and counter referral and family participation in care[2] .

Despite investments in welfare policies aimed at children's health over the past decades and progress with the implementation of the Family Health Program, the rates of IM, particularly in the neonatal age category, remain high in Cuiaba-MT.

Concerned with children's health and seeking to improve the quality of care delivered to children in Cuiaba, the City Healthcare Service (SMS) proposed, as targets for 2009, the reduction of the IM from 16.5 to less than 12.3 per 1,000 live births, and in the neonatal group from 10.3 to 8.6 per 1,000 live births, as well as the increase in the degree of satisfaction among SUS users from 59.4% to 70%[3].

Given this situation, it is considered that user satisfaction is one way to assess the quality of the services offered, since it is possible to obtain information on the care received based on users' perceptions, which can potentially direct future healthcare actions[4,5].

The assessment of healthcare services, supported by users' perception, has been considered a significant management tool, in that it enables service managers to rethink the care delivered to a certain population and thereby try to meet the expectations of these users, besides finding out which institutional goals and objectives are or are not being reached and in which manner this technical-administrative process can provide support for decision making[5]. Users' satisfaction and healthcare indicators, whether positive or negative, provide the necessary information to monitor the progress and redirect service activities[4] .

Based on the above, the satisfaction of SUS users, specially mothers and/or legal guardians of children under one year old using primary healthcare services, provides the scope for the development of this article.

Taking into consideration that quality care definitely contributes to healthy growth and development during the first year of life and that evaluative studies are rare in our reality, this study plays an important role in proposing an assessment of the healthcare delivered to children in this town, and will be able to offer support to improve this care and contribute with the changes needed to improve SUS progress in the state.

This study was aimed at assessing the satisfaction of mothers and/or legal guardians of children under the age of one, concerning the care delivered at the Primary Healthcare Units (UBS) in Cuiaba - MT.

METHOD

This is a descriptive study, focused on users' satisfaction with the care delivered by primary healthcare services. The study is part of the main project: "Assessment of the care delivered to children at primary healthcare services in Cuiaba - MT, with emphasis on its organization and care related to nursing practices".

Among the various frameworks used for healthcare-related assessment, Donabedian's Model was chosen, as it is considered better suited to our reality and covers all the categories for evaluation in this study (structure, process and outcome). The structure analysis is related to equipment, staff, buildings and financial resources in the context of health care delivery[6].

Process denotes the assessment of activities developed by healthcare professionals, considering technical issues and interpersonal relationships. The category outcome shows the effects of the healthcare provided to users, as well as the changes related to people's knowledge and behavior and patients' satisfaction[6] .

The study was undertaken in the city of Cuiaba, capital of the state of Mato Grosso. The Primary Healthcare Service in Cuiaba is composed of two types of services: traditional primary healthcare units (traditional UBS) or healthcare centers and Family Healthcare Units (USF). According to data provided by the City Health Department, there are 85 Primary Healthcare Units in the capital, being 22 Healthcare Centers and 63 Family Healthcare Units[3] .

The study involved 127 mothers or legal guardians of children under one year old, who were registered at the traditional UBS (18 children were registered) and at the USF (109 children were registered) in the city of Cuiaba-MT. The sample size was determined by considering the total population of children under the age of one who were registered in PHC (traditional UBS and USF) until July 2010, which corresponded to 104 children in the USF and 14 in the traditional UBS. An expected ratio of 0.5 or 50% ($p = 0.5$ was used because there is no information about these children's characteristics) and a confidence interval

of 95% (z = 1.96 of normal distribution) were used, with a sampling error of 5%, and a 20% correction for possible losses during data collection.

The studied population consisted of 127 children, which is more than the initial sample size calculated (118) due to the time gap between the sample size calculation (July 2010) and the data collection (October to December 2010). Therefore, the number of children was considered who were born in this period and were registered at the healthcare units after the initial sample.

Due to the fact that the sample size was so close to the population size and that some of the USF and traditional UBS did not have any children under the age of one registered or had only a small number of them, as well as due to the study's population being flexible and changing (additions to data collection resulting from children being born and reductions to data collection due to children reaching one year of age), a criterion for inclusion in the research was established: the units should have at least two children under the age of one registered at the time of data collection, which totaled 14 USF and one traditional UBS.

After identifying the units that would be part of the study, all of them were contacted to ascertain which mothers and/or legal guardians would meet the following inclusion criteria to participate in the research: being users of the selected healthcare units; being mothers and/or legal guardians of children under the age of one who were registered at the healthcare units; having in hand the children's cards/Children's Health Booklet (CSC) at the time of the interview and the children having attended at least two consultations at the selected healthcare units. Mothers and/or legal guardians with cognitive impairment and difficulty to understand the questionnaire were excluded.

For data collection, an instrument with closed questions was used, which was developed and tested by the researchers and based on the Donabedian framework, covering the categories process and outcome[6] ; this was also based on the Commitment for Children's Holistic Healthcare and Reduction of Infant Mortality Schedule (Schedule)[2] and the Manual for Using the Children's Health Booklet[7] . During the interviews with the mothers and/or legal guardians, the CSC was verified in order to assess the registration of the anthropometric data collected at birth and the immunization status of the children.

To achieve the proposed objective, the instrument contained questions to identify the mothers of the children, information concerning the process (activities developed within the relationship between professionals and users, such as clinical assessment, analysis of the children's cards, educational activities, intersectionality, referral and counter referral) and the outcome categories (related to users' satisfaction, based on the support offered in the waiting room and reception, accessibility and problem-solving ability).

Data collection took place between October and December 2010, through the application of the questionnaire to the mothers and/or legal guardians during the visits to the traditional UBS and USF or at their homes. The study strictly followed the guidelines of National Health Council Resolution 196/96, which requires that users participating in the research sign Informed Consent Forms and ensures confidentiality of information and anonymity of participants. The research received approval from the Research Ethics Committee of the Hospital Universitario Julio Muller, under registration number 882/CEP-HUJM/2010.

The data were compiled in an electronic spreadsheet and analyzed using the software Statistical Package for the Social Sciences (SPSS®. Data analysis was composed of descriptive and univariate stages. The descriptive analysis was performed with the use of absolute and relative frequencies and the univariate analysis with the use of Pearson's Chi-Square Test or Fisher's Exact Test, in case the cells contained an expected number lower than five. The dependent variable was the degree of satisfaction, categorized dichotomously (excellent/good and fair/poor). The significance level was set at 5%.

RESULTS

The study participants were 127 mothers and/or legal guardians under the age of one, who were registered at Primary Healthcare Services in the city of Cuiaba-MT. Of these, 18 (14.17%) were users of the traditional USB and 109 (85.83%) of the USF.

Process Dimension

The satisfaction of mothers and/or legal guardians concerning the quality of care delivered to children under the age of one at primary healthcare services was assessed based on an analysis of the care provided at the units and the healthcare practices directed at this group.

According to 115 (90.6%) users, their children attended appointments to monitor their growth and development (GD), which were verified either by medical professionals or nurses.

In relation to the parameters for growth assessment, most of the participants stated that the children's weight (97.6%) and height (96.8%) are measured. However, 46 (37.4%) mothers reported that the head circumference is not measured. The complete assessment of the vital signs prior to the appointment is not often performed, according to the information provided by the users, while the most checked parameter is temperature, verified during 48% of the appointments, that is, according to the statements of 61 mothers and/or legal guardians, followed by respiratory (58/45.7%) and heart (56/44.9%) rates. The least verified parameter is blood pressure (5/3.94%).

As for recording information in the CSC, in the opinion of 54 (42.5%) mothers and/or legal guardians, nurses are the professionals who mostly fill out this document, followed by the nursing technicians. Forty-four (34.6%) and 13 (10.2%) stated these to be doctors. Whilst assessing the birth related data recorded in the CSC, it was noted that 51 (40.15%) booklets did not contain Apgar records, 25 (19.7%) did not contain data related to head circumference and 11 (8.7%) did not contain height records. However, the weight at birth was recorded in all CSC (100%). The verification of the CSC also showed that 44 (34.6%) children had an incomplete immunization status for their age, in accordance with the basic city calendar.

As regards the guidance provided during medical and nursing appointments, the issues the mothers and/or legal guardians most reported were: immunization (104/81.9%); children's nutrition (101/79.5%); growth and development (96/75.5%); diarrhea (66/52.0%); respiratory problems (61/48.0%); prevention of accidents and child abuse (43/33.9%); child care at home (24/18.9%); family issues (13/10.2%) and socioeconomic status of the family (12/9.4%). Also regarding the appointments, 96 (75.6%) mothers and/or legal guardians reported being able to understand all of the issues discussed and 79 (62.2%) reported having a space to express their doubts and concerns about caring for the children.

For 68 (53.5%) users, healthcare professionals, especially doctors and nurses, besides not knowing the children they deliver care to, are not aware of the problems the families face. As for the educational practices and healthcare promotion offered by the units, according to 77 (60.6%) users, healthcare professionals have not been developing lectures and educational activities outside the appointments.

As for the availability of childhood vaccines at the units visited by the children, 49 (38.6%) mothers and/or legal guardians stated that, at some point, they had to take their children to be vaccinated at another healthcare unit.

Taking into consideration that some health problems often require the operation of a referral and counter referral system, it was noted based on the information provided by the users that 36 (28.3%) children were referred to other healthcare services and, among them, 25 (69.4%) mothers and/or legal guardians received previous information about what service they should seek; 21 (58.3%) users reported that, upon returning to the unit of origin, they were informed by the professionals about the referral results. In relation to the services accessed, 14 (38.9%) mothers and/or legal guardians reported not having received information about the health status of their children while being attended. In addition, 23 (63.9%) users stated not having access to a report or other document containing information about the treatment performed to supplement the counter referral.

Outcome Dimension

One way to evaluate the access to services is by ascertaining the time the users spent to reach their destination. Thus, 55 (43.3%) mothers and/or legal guardians reported spending up to ten minutes from their homes to the healthcare units where their children are attended and 34 (26.8%) stated spending more than 20 minutes, while 101 (79.5%) walk to the unit. These data show that the healthcare units are close to the homes, which is expected as most users were registered at the USF, as shown in Table 1.

Concerning the access to childcare at the USB, 114 (89.8%) users informed that, in order to have a check-up appointment at the units, a previous appointment is needed, and 78 (61.4%) reported that the next appointment is scheduled on the day of the appointment. However, 65 (51.2%) users informed that, when children are sick, making an appointment is not required. According to 114 (89.8%) mothers and/or legal guardians, assistance is provided on a first come-first served basis on the day of the appointment, as shown in Table 1.

The waiting period for childcare at the unit is long according to 68 (53.5%) mothers and/or legal guardians, 41 (32.3%) believe the waiting period is reasonable and 17 (13.4%) believe that this period is short, as shown in Table 1.

As regards access to the medication prescribed to their children at the units, 74 (58.3%) users stated to receive free medication and only 46 (36.2%) reported eventual lack of these medications.

In relation to the satisfaction of users concerning the care provided at the units, 62 (48.8%) mothers and/or legal guardians considered it to be average, 49 (38.6%) considered it good, 9 (7.1%) poor and 7 (5.5%) excellent, as shown in Table 2.

As for the assessment of professionals, Table 2 indicates that 66 (51.9%) mothers and/or legal guardians evaluated the care provided by the doctors as good, 79 (62.2%) users also considered the care provided by nurses good, 66 (52.0%) considered the performance of community health agents (ACS) good and 75 (59.0%) reported the same about the nursing team. On the other hand, 39 (30.7%) reported that the assistance provided by receptionists is average and 17 (13.4%) evaluated it as poor.

Associations of Process and Outcome with the satisfaction of mothers and/or legal guardians

After the descriptive analysis of the variables related to the process and outcome dimensions, their association with the satisfaction of the mothers and/or legal guardians was verified in order to identify aspects of care to the children which played a bigger role in the satisfaction of mothers/legal guardians.

Table 1. Distribution of study variables according to accessibility aspects. Cuiabá-MT, 2010. N = 127

Variable	Frequency (N)	Percentage (%)
Time spent to arrive at the service		
Up to 10 minutes	55	43.3
Between 11 and 20 minutes	38	29.9
More than 20 minutes	34	26.8
Transportation means to arrive at the service		
On foot	101	79.5
Bus	12	9.5
Car	10	7.9
Other	1	0.7
Could not inform	3	2.4
Appointment for routine consultation		
Yes	114	89.8
No	9	7.1
Could not inform	4	3.1
Attendance criterion on the day of the appointment		
Order of arrival	114	89.8
Screening	6	4.7
Appointment	4	3.1
Other	1	0.8
Could not inform	2	1.6
Waiting time for attendance		
Less than 30 minutes	15	11.8
Between 30 and 60 minutes	45	35.4
Between 1 and 2 hours	38	29.9
More than 2 hours	29	22.8
Agility in care attendance		
Slow	68	53.5
Sufficient	41	32.3
Fast	17	13.4
Other	1	0.8
Access to medication for infants		
Yes	74	58.3
No	6	4.7
Sometimes	46	36.2
Could not inform	1	0.8
Total	127	100.0

Table 3 presents the association between the satisfaction of the mothers and/or legal guardians and the variables related to the process dimension, which included the use of the children's card, educational activities, growth and development assessment, guidance received, referral and counter referral. It was found that the degree of satisfaction excellent/good was more present among the mothers/legal guardians who received guidance about accident prevention and child abuse ($p = 0.004$), and respiratory problems ($p = 0.001$), as well as in circumstances where there was space during the appointments to clarify issues related to their problems and concerns with the children ($p = 0.025$).

In relation to the outcomes dimension, the association between the satisfaction of the mothers and/or accompanying people and the assistance provided in the waiting

Table 2. Distribution of mothers/responsible caregivers' degree of satisfaction according to care delivery by the service and professionals. Cuiabá-MT-2010. N = 127

Variable	Frequency (N)	Percentage (%)
General attendance at the service		
Excellent	7	5.5
Good	49	38.6
Regular	62	48.8
Bad	9	7.1
Medical attendance		
Excellent	20	15.7
Good	66	52.0
Regular	23	18.1
Bad	7	5.5
Does not know	10	7.9
Could not inform	1	0.8
Attendance by nurse		
Excellent	30	23.6
Good	79	62.2
Regular	13	10.2
Bad	1	0.8
Could not inform	4	3.2
Attendance by Nursing team		
Excellent	16	12.6
Good	75	59.0
Regular	19	15.0
Bad	10	7.9
Could not inform	7	5.5
Attendance by CHA		
Excellent	25	19.7
Good	66	52.0
Regular	19	15.0
Bad	9	7.0
Could not inform	8	6.3
Attendance by receptionist		
Excellent	9	7.1
Good	61	48.0
Regular	39	30.7
Bad	17	13.4
Could not inform	1	0.8
Total	127	100.0

room and reception, the accessibility and problem-solving ability were investigated. The free receipt of all medications prescribed during the appointments was associated with a higher rate of mothers/or legal guardians evaluating the care as excellent/good ($p = 0.020$) (Table 4).

DISCUSSION

The care delivered to children under the age of one is primary healthcare is focused on GD monitoring, which is performed either by medical professionals or by nurses during the check-up appointments. Complying with the

Table 3. Univariate analysis of mothers/responsible caregivers' degree of satisfaction according to process-related variables. Cuiabá-MT-2010

	Degree of satisfaction of mothers and/or responsible caregivers N (%)		
Variable	**Excellent/Good**	**Regular/Bad**	***p* -value**
Growth and development monitoring			0.730*
Yes	52(94.5)	62(91.2)	
No	3(5.5)	6(8.8)	
Completion of Child Health Card			0.432
Yes	50(89.3)	60(84.5)	
No	6(10.7)	11(15.5)	
Orientation about vaccination			0.344*
Yes	54(94.7)	63(88.7)	
No	3(5.3)	8(11.3)	
Orientation about child food			0.994
Yes	49(86.0)	61(85.9)	
No	8(14.0)	10(14.1)	
Orientation about growth and development			0.145
Yes	51(89.5)	56(80.0)	
No	6(10.5)	14(20.0)	
Orientation about accident and violence prevention			0.004
Yes	30(53.6)	20(28.2)	
No	26(46.4)	51(71.8)	
Orientation about breathing problems			0.001
Yes	41(73.2)	32(45.1)	
No	15(26.8)	39(54.9)	
Understanding about aspects addressed during the consultation			0.199
Yes	45(80.4)	50(70.4)	
Partially	11(19.6)	18(25.4)	
No	-	3(4.2)	
Room to solve doubts about problems and concerns with the child			0.025
Yes	41(74.5)	37(52.1)	
Partially	7(12.7)	12(16.9)	
No	7(12.7)	22(31.0)	
Educative activity			0.273
Yes	16(28.1)	12(17.1)	
No	31(54.4)	47(67.1)	
Does not know	10(17.5)	11(15.8)	
Forwarding of the child			0.454
Yes	15(26.3)	23(32.4)	
No	42(73.7)	48(67.6)	
In case of forwarding. the professionals from the service of origin discussed the results when the child returned			0.051
Yes	12(92.3)	12(57.1)	
No	1(7.7)	9(42.9)	

P -value related to Chi-square test*
Fisher's Exact Test

Table 4. Univariate analysis of the mothers/responsible caregivers' degree of satisfaction according to outcome variables. Cuiabá-MT-2010

	Degree of satisfaction of mothers and/or responsible caregivers N(%)		
Variable	**Excellent/Good**	**Regular/Bad**	***p*-value**
Time spent from place of residence to health service			0.388
Up to 10 minutes	22(38.6)	33(46.5)	
Between 11 and 20 minutes	16(28.1)	22(31.0)	
More than 20 minutes	19(33.3)	16(22.5)	
Need to schedule date and time when the child is ill			0.129
Yes	28(53.8)	28(40.0)	
No	24(46.2)	42(60.0)	
Waiting time for attendance			0.066
Less than 30 minutes	10(17.6)	5(7.0)	
Between 30 and 60 minutes	22(38.6)	23(32.4)	
Between 60 and 120 minutes	17(29.8)	21(29.6)	
More than 120 minutes	8(14.0)	22(31.0)	
Receives all prescribed drugs free of charge			0.020
Yes	38(66.6)	35(50.0)	
Sometimes	14(24.6)	33(47.1)	
No	5(8.8)	2(2.9)	

p -value for Chi-square test

calendar of appointments, as well as monitoring growth and development, are indicators of the quality of care delivered to the children at healthcare services[8]. The results showed that the assessment of weight and other parameters is a procedure systematically performed during most appointments.

Similar data in relation to the anthropometric assessment were found in a study undertaken at a Primary Healthcare Unit located in Maringa-PR, comprising seven Family Healthcare Teams, involving children under one year old, in which it could be noted that 100% of the medical records had weight and height recorded during primary care, while the records for head, thoracic and abdominal circumference were lower[9] .

Children's contact with healthcare services, regardless of the fact or complaint that motivated them, should be seen as an opportunity for a holistic and predictive analysis of their health status and for the promotion of healthy habits, immunization, prevention of problems and illnesses[7] .

In the process of monitoring GD, filling out the CSC is essential. Users' information showed that professionals had used and filled out the CSC, with nurses ranking first and physicians last.

All healthcare professionals involved in childcare should record information in the CDC, regardless of the level of care offered by the healthcare unit where they are assisted.

The CSC is an important tool to monitor the health of each child, as it presents information about health status at birth; pregnancy, childbirth and postpartum; healthy nutrition; head circumference according to age charts; spaces to record weight and height; guidelines concerning hearing, visual and oral health; prevention of accidents; expected path for global development; space to record clinical events and treatments performed; prophylactic supplement of iron and vitamin A and the basic immunization calendar[7].

Although professionals from different areas should be responsible for checking and filling out the CSC, it is particularly at hospitals and primary healthcare services that the adequate use of this tool represents a permanent challenge, since these are the places where a large part of the information is generated[10].

The analysis of the CSC showed that, in our reality, some services still do not record basic information about birth such as Apgar, head circumference and height, which are essential to monitor children's first years of life.

A study conducted in the city of Belo Horizonte, in the state of Minas Gerais, about the completeness of the CSC, showed that only 17% of them did not contain records of the gestational age, and the head circumference at birth was registered in 85.6% of the CSC. Only 18.9% of the CSC had at least three notes about the neuropsychomotor development of the children[10].

The CSC, besides being a right of children, can serve as a tool to evaluate the quality of care delivered by the healthcare team when effectively incorporated into the routine of the USB.

In relation to childcare, especially those under the age of one, the preservation of health also depends on actions and care that prevent the occurrence of diseases, thus showing the importance of monitoring weight, height, immunization, as well as the quality of nutrition[11].

Growth and development monitoring is considered a guiding principle of holistic child healthcare and permeates all lines of care defined in the Commitment Diary for holistic healthcare and infant mortality reduction. It constitutes a simple, low cost and highly effective method in which all actions for the promotion, protection and recovery of children's health effectively result in healthy growth and development and in the reduction of infant mortality[2] .

A study undertaken in Monte Claros, in the state of Minas Gerais, about the quality of mother-child care delivered in different primary healthcare models, identified that 75.8% of the interviewed mothers regularly performed children's check-at in the USF, while only 59.1% performed this monitoring in the traditional USF. As for the immunization status, 93.7% of the children registered in the USF were up to date with the calendar, while this rate was 95.3% at the Healthcare Center. Concerning the guidance provided for the prevention of childhood accidents, only 29.7% of the interviewed mothers in the USF reported having received information about this theme[12].

In assessing the quality of care received, besides technical performance, users take into consideration attitudes such as understanding, support and communication with the care professionals[13].

The interviewed mothers generally considered the care and interpersonal relationship between users and professionals in Cuiaba-MT as good. In relation to the communication between professionals and users, the study pointed out that mothers and/or legal guardians are able to understand all issues discussed during the appointments and, in addition, they have the opportunity and feel comfortable raising questions and concerns related to childcare.

Communication is an important aspect of user satisfaction concerning the quality of the service, because they become dissatisfied when receiving insufficient information about their healthcare status. In contrast, when the nature of the treatment is clearly explained, the understanding of patients is increased and they become better aware of the expected outcomes. In particular, patients expect that doctors and nurses provide information, clearly and friendly, about pathological results, diagnoses, prescriptions and healthcare programs, among others[14].

This point was confirmed in this study, showing that the satisfaction of mothers and/or legal guardians was higher among those who received guidance about important aspects of children's healthcare, as well as when the professionals - doctors or nurses - gave room to clarify doubts about their problems and concerns they had with the children.

Also regarding the relationship between professionals and users, the results indicate the fact that children and families still are not receiving holistic care, since some aspects, like socioeconomic context, family problems, who provides care for the child at home, prevention of accidents and child abuse, among others, are not often addressed during individual care delivery to children.

It is necessary that healthcare teams consider the vulnerabilities in the social context children and their families are inserted in, thus enabling them to plan and deliver holistic healthcare, favoring the identification and construction of support networks, and even being able to change families' attitudes in relation to child healthcare and achieving outcomes beyond those expected by healthcare teams[15] .

The outcome dimension was assessed based on the indicators accessibility, support, resolution and degree of user satisfaction. Even though users find it hard to assess the outcomes of the care received, it is essential to find out the opinion of mothers and/or legal guardians concerning the care the professionals provide to their children, in order to offer support to the services aimed at improving the quality of care delivery.

Given that a significant number of mothers and/or legal guardians reported having sought another healthcare unit to have their children vaccinated, and that the UBS are obliged to ensure the continuous operation of immunization rooms without time restrictions, so that the entire population can be vaccinated as recommended by the MS, and also considering that immunization is a priority in child GD monitoring according to the Schedule[2], it could be assumed that not all children under the age of one are guaranteed their right to healthcare in the city.

A lack of unification between the actions and the services in relation to the referral and counter referral system could be noted from the users' perception. It was observed that the healthcare services accessed did not effectively perform counter referral, given that they do not contact the units and do not provide any type of information about the care offered.

To ensure access to specialized equipment and care of people at the different care levels, it is essential that mechanisms of referral and counter referral be established, where users are referred (referral) from one healthcare unit to another, generally between different care levels. This referral can also occur within the same care level. Once the care is provided, users are referred back (counter referral) to the healthcare unit of origin[16].

In a study undertaken at primary healthcare services in Northeastern capitals, users reported having difficulty to access some services, for example, to perform specialized exams, make appointments and collect results, obtaining referral to specialized appointments and referral to hospitals[17].

The lack of information about the treatment received in other healthcare services when children return to their units of origin shows the inexistence of unification between PHC and the services, which may cause discontinuity of the children's healthcare and make unification harder, which are basic principles of the SUS.

Access has to be considered when discussing user satisfaction with healthcare services. Users feel satisfied with the services when doctors and nurses are available to assist them and when they have access to the healthcare they need[14].

Universal access should be understood as the right of every child to health care, and it is the responsibility of healthcare units to provide care to everyone who turns to them, hear their demands or health issues and provide a qualified assessment of each situation[2].

Healthcare access involves multiple aspects, such as: *geographical accessibility*, which includes the appropriate planning of healthcare services' location, considering the distance, the time required to access it and the means of transport; *economic accessibility*, which covers the removal of barriers resulting from the system or contribution by users, which should be within their reach; *cultural accessibility*, related to the adjustment of rules and techniques to fit the habits and costumes of the population; and *functional accessibility* which involves the supply of services convenient and appropriate to the needs of the population[4].

The studied healthcare units have good geographical accessibility, given that a portion of the users is able to arrive there within ten minutes. However, a significant portion takes more than 20 minutes, which may affect their satisfaction with the healthcare service. Geographical accessibility was shown as a quality indicator of healthcare services in a study carried out in Sao Paulo, in which the population point out that being geographically close to the unit is a positive factor for their satisfaction[18] .

Regarding functional accessibility, related to the time waiting for care, this study identified that the users wait for long periods, over two hours, in their opinion. The long waiting periods were also mentioned in a study undertaken at a primary healthcare unit of a town in the Northwest of Sao Paulo state, where users have to wait up to five hours to be assisted[18].

In some traditional UBS in towns located in the Brazilian Northeast, appointments are sometimes made at night and, in the USF, the ACS are responsible for making appointments, without the need for queuing. However, in both cases, appointments are attended in order of arrival, without risk priorities, which causes access restrictions and user dissatisfaction[17].

The association found in this study between the satisfaction of mothers and/or accompanying people and the free receipt of all medication prescribed during the appointments can be considered an expected outcome, given that this is a structural problem in the country's public healthcare system.

Similar data were found in a study that assessed the performance of family healthcare modules in relation to childcare, concerning the organization of the entry door to the appointment system, the quality and access of laboratory services and other diagnostic methods. The study was undertaken at a USF located in Teresopolis, state of Rio de Janeiro, and based on the perception and information provided by the legal guardians of children between zero and five years old who used the service. The results showed that 44.3% of the people interviewed reported receiving the medication prescribed during the appointments for free[19].

In this study, the users informed that the care provided at the units is average. On the other hand, the degree of satisfaction with the care delivered by the professionals was good. A study that assessed the quality of healthcare provided to children between zero and five years old through the Family Healthcare Program in Teresopolis (RJ), based on the view of the users, showed a high degree of satisfaction with the care provided by the professionals[19].

Since this is an assessment study, there are numerous possible approaches and, depending on the choice, the outcomes can show only one angle of the issue. The use of the questionnaire only to ascertain user satisfaction concerning the care provided to the children in PHC, despite permitting a quick assessment, can be considered a restriction, given that the assessment of the process and outcome dimensions could be a lot deeper if other techniques were associated, such as direct observation and analysis of medical records. However, this study permitted diagnosing the current conformation of healthcare to children under the age of one in the city of Cuiaba-MT, and may be able to support the proposal of actions aimed at improving the quality of healthcare delivered to this population, therefore increasing the degree of satisfaction of mothers/legal guardians.

CONCLUSION

The degree of satisfaction of mothers and/or legal guardians with the care provided to children under the age of one at primary healthcare services was considered satisfactory and was associated with the guidance received

about the prevention of accidents and child abuse, as well as respiratory problems, the existence of a space to discuss concerns about the children during the appointments and the receipt of free medication.

As for GD monitoring, users reported the lack of basic care actions, such as checking some anthropometric parameters, which can negatively affect children's assessment. Not all professionals are using the CSC as a tool to monitor children's health.

The data presented show that factors like referral and counter referral deserve greater attention and priority on the part of local managers, ensuring the right of children to a holistic, high quality and problem-solving care.

To ensure user satisfaction with healthcare to children, it is necessary to improve the accessibility of general care offered at the units, particularly the reception area, which is also responsible for welcoming users to the units. These factors can cause care discontinuity and dissatisfaction on the part of users.

The results of this study can be practically applied and support the improvement in the quality of care delivery to children under the age of one in primary healthcare units, supported by a new concept of assessment that prioritizes users' opinion in the assessment of services.

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NOTE

[a] Master's Thesis entitled: "Quality of health care services for children under one year of age in the primary health care network of Cuiabá – MT: perspective of mothers/responsible caregivers and health professionals", presented to the School of Nursing at Universidade Federal de Mato Grosso, Cuiabá – MT, Brazil. Research funded by the researchers.