

Evaluation of Physical Therapy service user satisfaction

Avaliação da satisfação dos usuários de services de Fisioterapia

Machado NP¹, Nogueira LT^{1,2}

Abstract

Objective: To evaluate user satisfaction about Physical Therapy services in the city of Teresina, State of Piauí, Brazil, and to characterize users' sociodemographic profile and evaluate their satisfaction regarding the time required to setting up appointments and to provide services, reception, trust, ambiance, humanization, accessibility, effectiveness and expectations relating to the services received.

Methods: The sample was comprised of 376 patients who were selected at three physical therapy clinics in the private, municipal and state networks. A questionnaire on sociodemographic characteristics, access to services and user satisfaction was administered. Averages for continuous variables were compared by means of Kruskal-Wallis and Student-Mewman-Keuls tests. **Results:** Most of the users were women (62.5%), with a mean age of 49.5 years. They were married and illiterate, had family income between one and three minimum wages and were dependent on the national health system. They considered that they had easy access to the services. The means of transportation most used was buses, and it took them on average 28.8 minutes to arrive at the service location. The services users indicated that they did not have any difficulty with the service, but 14% mentioned that setting up appointments and waiting times were problems they faced in the municipal and state services. Medical indication was the main reason for choosing the service. They trusted the service they received, and the expected treatment results were achieved.

Conclusions: Despite the dissatisfaction shown, the majority (75.5%) were satisfied with the treatment they received and they said they would recommend the services to other users.

Article registered in the Australian New Zealand Clinical Trials Registry (ANZCTR) under the number ACTRN12609000830291.

Key words: evaluation; consumer preference; health services.

Resumo

Objetivo: Caracterizar o perfil sociodemográfico e avaliar a satisfação dos usuários de serviços de Fisioterapia em Teresina (PI), com relação à agilidade para agendamento da consulta e atendimento, acolhimento, confiança, ambiência, humanização, acessibilidade, eficácia e expectativa sobre os serviços recebidos. **Materiais e métodos:** A amostra foi constituída por 376 pacientes selecionados em três clínicas de fisioterapia da rede particular, municipal e estadual. Utilizou-se um questionário contendo dados sociodemográficos, de acesso ao serviço e informações relativas à satisfação dos usuários. Foram calculadas médias para variáveis contínuas por meio do teste de Kruskal-Wallis e do teste de Student-Newman-Keuls. **Resultados:** Os usuários, na sua maioria, eram mulheres (62,5%), com uma média de idade de 49,5 anos ($p < 0,01$), casados, analfabetos, com renda familiar entre um e três salários mínimos e SUS-dependentes. Consideraram fácil o acesso aos serviços; o meio de transporte mais utilizado foi o coletivo, e gastaram uma média de tempo de 28,8 minutos ($p < 0,01$) para chegar ao local de atendimento. Relataram não ter tido nenhuma dificuldade no atendimento, porém 14% referiram a marcação de consulta e o tempo de espera como os problemas enfrentados nos serviços das redes municipal e estadual. A indicação médica foi o motivo principal da escolha do serviço, confiavam no atendimento recebido e os resultados do tratamento foram alcançados. **Conclusões:** A despeito da insatisfação apontada, a maior parte tem satisfação (75,5%) com o tratamento recebido e indicariam os serviços a terceiros.

Artigo registrado na Australian New Zealand Clinical Trials Registry (ANZCTR) sob o número ACTRN12609000830291.

Palavras-chave: avaliação; satisfação do usuários; serviços de saúde.

Received: 13/02/2008 – Revised: 07/05/2008 – Accepted: 25/06/2008

¹ Master's Program in Sciences and Health, Universidade Federal do Piauí (UFPI) – Teresina (PI), Brazil

² Nursing Department, UFPI

Correspondence to: Nayana Pinheiro Machado, Avenida Pedro Almeida, 1.114, São Cristóvão, CEP 64052-280, Teresina (PI), e-mail: nayanamachado@oi.com.br

Introduction

The quality of health services began to be discussed with a greater emphasis in the second half of 20th century when research on the assessment of health services started, focusing on service quality. The assessment of the quality of health services can be based on three aspects: structure, process and results¹. The assessment of structure concerns the existing physical resources, materials and number of professionals of the health service; the assessment of the process involves the activities and/or the employed procedures, i.e. the work process; and the results assessment emphasizes the effects of the actions and procedures on user health as a result of the received care.

User satisfaction with the received care is an important component of the evaluation of the quality of the health service^{1,2}.

However, it is necessary to consider the means of access to the service, as well as the physical and organizational structure, the professional-patient relationship, financial issues and aspects related to health improvement and maintenance³. User participation in the assessment of satisfaction is related to making health services more suitable with regard to the structure and process of health care⁴.

In the 1980s, Brazil's return to democracy and the implementation of the Health Reform gave new vigor to the movement for better conditions in the assistance of health care users⁵. Therefore, user satisfaction surveys became increasingly common and have received much attention since the mid 1990's.

To improve the quality of health care assistance, it is important to adopt the work process model based on the principles of the Brazilian public health system (Sistema Único de Saúde – SUS). These principles take into account the concepts of health and disease and the guidelines of universality, totality, resoluteness, participation and social control⁶, as well as humanization, and user satisfaction. These are considered essential elements for the reorganization of health care services.

Physical therapy as a field of knowledge in health has broadened its object of study with respect to prevention, treatment and rehabilitation to promote individual and collective well-being. This includes the prevention and treatment of functional kinetic disorders that affect the organs and systems of the human body and that are caused by genetic changes, trauma and acquired diseases. Therefore, physical therapy plays an important role in patient rehabilitation and reintroduction into social interaction⁷.

In Teresina, state capital of Piauí, there were 39 physical therapy clinics registered at the 6th Regional Physical Therapy and Occupational Therapy Council in 2006. Among them,

three are highly respected at state, municipal and private level, and have the highest number of physical therapy appointments. They are affiliated with SUS and assist an average of 40 users a day with a wide variety of physical therapy needs. They serve as internship sites for the city's physical therapy undergraduate students, thus demanding an assessment to better satisfy user needs and consequently achieve adequate results.

In that sense, the present study has as its overall objective to assess the satisfaction of physical therapy service users in Teresina and, specifically, to describe the sociodemographic profile and evaluate the satisfaction of users with regard to promptness for appointments, reception, reliability, environment, humanization, fee exemption, accessibility, efficiency and expectation about services rendered.

User satisfaction is an important element to determine the quality of physical therapy services, and therefore demands greater scientific research to further the knowledge of the assessment of satisfaction with the physical therapy services offered in this capital city.

Methods

This was a descriptive, cross-sectional research conducted in three highly respected physical therapy clinics termed: A (private), B (municipal) and C (state), all affiliated with SUS. The sample was random, segmented and proportional, and consisted of 376 users. All of the appointments of each clinic in 2006 were used, with no sample loss. The confidence interval was 95%, incidence was 50%, and sampling error was 5%. The sample was calculated using Epi Inform 6.04. The participants were male and female users over 18 years of age who sought physical therapy treatment and had at least six sessions. Exclusion criteria were: any type of speech and/or comprehension impediment; any type of pain; refusal to sign the consent agreement to take part in the study.

To collect the data, a questionnaire was used containing close-ended questions concerning sociodemographic data, access to the service and user satisfaction. The questionnaire was applied in interview form by the researcher during regular hours at the three clinics between May and June 2007. The questionnaire was filled out in the waiting room before and after the sessions without interfering with the service.

We used the software Microsoft Excel 2005 to calculate the frequencies for the nominal variables as well as the descriptive statistical analyses for the continuous variables. We also used the Kruskal-Wallis⁸ test, Student's t-test⁸ and the Pearson correlation test for the statistical analysis. The Pearson correlation test was used to verify whether there was

a relationship between the variables, user age, and medical specialties.

The work was submitted to the Ethics Committee of Universidade Federal do Piauí (approval report number 022/07) associated with the program, in accordance with Resolution CNS 196/96 of the National Health Council. All of the users who agreed to participate in the study were asked to sign the informed consent agreement.

Results

Most users were women with a mean age of 49.5 years, married, illiterate, self-employed, with a family income of one to three times the minimum wage. Only private health plan users claimed to have full plan coverage, however 25% of the participants did not have health insurance and were assisted through SUS (Table 1). The main reasons that led them to receive physical therapy treatment at the clinics were orthopedics and traumatology-related symptoms. No correlation was found between user age and the diagnoses according to medical specialty (Table 2).

Users reported that there was easy access to the services, and the most common means of travel was public transportation. The mean time taken to reach the clinic was 28.8 minutes and the mean waiting time to begin treatment was 4.4 minutes. Regarding difficulty to schedule an appointment, 86% of the interviewed users reported no difficulty; however, 14% mentioned that scheduling an appointment and the waiting time were the main problems faced at the clinics of the municipal and state health system. Regarding the reasons for selecting the service, physicians' referral had the highest percentage (81.6%) and 18.4% of the users reported that previous users had recommended the service (Table 3).

Regarding the number of physical therapists, 80.8% considered the number sufficient and relied on the received service. Ninety-seven percent of the assessed users reported they achieved good results. Regarding the level of satisfaction with the service, it was observed that in the private health system, 53.6% of the interviewed users were very satisfied compared with 73.2% in the municipal and 82.3% in the state system, and 97.6% of the users would recommend the services to other people (Table 4).

Discussion

Female users were more present in all the evaluated services, which can be explained by the fact that, in addition to their domestic duties, women have professional activities

throughout the week and many of them are responsible for the family income, often leading to musculoskeletal complications, such as fibromyalgia, work-related musculoskeletal disorders (WMSDs) or repetitive strain injuries (RSIs). These conditions are often minimized or cured with physical therapy treatment. The greater prevalence of women seeking health services has been reported in the literature⁹⁻¹¹.

The mean age found in the present study was 49.5 years. Among the users who sought treatment, those who were older used the private health system with the highest reported age being 91 and the lowest 29. These users began treatment at an older age. Oliveira et al.¹² found similar results for the mean age of the patients (46.5 years). Therefore, it can be concluded that the private health system users had a better quality of life with sufficient funds to take out health insurance.

The definition of quality of life is very broad and has been studied by several authors^{13,14} who state that it is based on a multidimensional concept that includes lifestyle, life experience, job satisfaction and financial situation. Thus, it constitutes a feeling of well-being that corresponds to the sum of subjective sensations of satisfaction.

Socioeconomic factors have great influence on quality of life because finances provide material support for the well-being of the individual¹⁵. This was evidenced by Mendonça, Guerra, Diógenes¹⁶, who claimed that the satisfaction of patients with the care they received may have been influenced by sociodemographic factors, especially gender, family income and educational level. Therefore, the health of the population suffers the impact of social inequality, characterized by the impoverishment of many to benefit a few, and associated with the process of social exclusion derived from unfair wealth distribution^{10,17-19}.

The medical specialties found were the following: 41% of the users sought treatment for orthopedics and traumatology related complaints such as joint pain, reduced range of motion or muscular atrophy. Similar results were found in the literature on the assessment of user satisfaction with physical therapy services²⁰, possibly because this specialty involves changes caused by functional-kinetic disorders leading to musculoskeletal symptoms commonly found in patients who perform professional activities.

In the present research, 82.8% of users considered the services to be easily accessible, especially when compared to those of the state system because they were located in a central area of Teresina. Similar data were found in the study developed by Guedes and Garcia²¹, and by Lopes, Vieira da Silva and Hartz²², regarding user satisfaction associated with easy access to health professionals and services.

The users who classified access as difficult took into account the time taken to reach the service, the absence

Table 1. Sociodemographic user profile and health insurance coverage at three Physical Therapy clinics, 2007.

Evaluated data	A (Private)		B (Municipal)		C (State)		Total	
	n=28	(%)	n=172	(%)	n=176	(%)	n=376	(%)
Gender								
Male	10	35.7	54	31.4	77	43.7	141	37.5
Female	18	64.3	118	68.6	99	56.3	235	62.5
Age								
Mean*	56.5a		49.2b		48.8b			
Maximum	91.0		79.0		81.0			
Minimum	29.0		23.0		20.0			
Standard Deviation	14.5		11.2		10.9			
Reliability Interval	5.2		1.7		1.6			
Marital or Conjugal Status								
Single	4	14.3	22	12.8	28	15.9	54	14.4
Married	16	57.1	101	58.7	120	68.2	237	63.0
Divorced	3	10.7	18	10.5	16	9.1	37	9.8
Widow(er)	5	17.9	31	18.0	12	6.8	48	12.8
Education								
Illiterate	4	13.7	60	61.5	53	30.1	117	31.1
Elementary	4	14.3	36	20.9	29	16.5	69	18.3
High School	9	32.1	44	25.6	57	32.4	110	29.2
Undergraduate	10	35.7	32	18.6	37	21.0	79	21.0
Graduate	1	3.6	-	-	-	-	1	0.2
Profession/Occupation								
Retired	3	10.7	4	2.3	-	-	7	1.8
Self-employed	7	25.0	56	32.5	71	40.3	134	35.6
Homemaker	4	14.3	54	31.4	44	25.0	102	27.1
Cleaner	2	7.1	8	4.6	17	9.6	27	7.1
Student	-	-	6	3.4	8	4.5	28	7.4
Civil Servant	5	17.9	3	1.7	2	1.1	10	2.6
Agricultural Worker	-	-	20	11.6	15	8.5	35	9.3
Administrative Technician	-	-	8	4.6	11	6.2	19	5.0
Teacher	7	25.0	13	7.5	8	4.5	28	7.4
Family Income								
Below the MW **	-	-	61	35.5	51	29.0	112	29.7
MW to 3 times the MW	12	42.9	106	61.6	125	71.0	243	64.6
4 to 6 times the MW	12	42.9	5	2.9	-	-	17	4.5
7 to 9 times the MW	4	14.2	-	-	-	-	4	1.0
Has Health Insurance								
Yes	21	75.0	-	-	-	-	21	5.5
No	7	25.0	172	100.0	176	100.0	355	94.4
Physical Therapy Coverage								
Yes	21	100.0	-	-	-	-	21	5.5
No	-	-	172	100.0	176	100.0	348	92.5

* Statistically significant difference between A and B groups (Student-Newman-Keuls test).

**MW= Minimum Wage (R\$ 360.00).

Table 2. Diagnosis of user health in the three physical therapy clinics by medical specialty, 2007.

Evaluated Data	A (Private)		B (Municipal)		C (State)		Total	
	n=28	(%)	n=172	(%)	n=176	(%)	n=376	(%)
Diagnosis of user health by medical specialty								
Orthopedics/ Traumatology	22	78.6	77	44.8	55	31.5	154	41.0
Neurology	3	10.7	43	25.0	54	30.7	100	26.6
Pneumology	3	10.7	2	1.2	31	17.6	36	9.6
Cardiology	-	-	-	-	2	1.1	2	0.7
Rheumatology	-	-	50	29.0	33	18.7	83	22.1

Table 3. Access to Physical Therapy service by users of the three clinics, 2007.

Evaluated Data	A (Private)		B (Municipal)		C (State)		Total	
	n=28	(%)	n=172	(%)	n=176	(%)	n=376	(%)
Type of referral to Physical Therapy service								
Spontaneous Demand	-	-	1	0.6	1	0.6	2	0.6
Referral from another institution through SUS	6	21.5	63	36.6	80	45.4	149	39.8
Referral from physical therapy clinic through SUS	-	-	107	62.2	94	53.4	201	53.6
Health Insurance	21	75.0	-	-	-	-	21	5.7
Private	1	3.5	-	-	-	-	1	0.3
Opinion about access								
Very Easy	7	25.0	2	1.1	-	-	9	2.4
Easy	18	64.3	140	81.4	153	86.9	311	82.8
Difficult	3	10.7	30	17.5	23	13.1	56	14.8
Means of transportation								
Own vehicle	11	39.3	9	5.2	7	4.0	27	7.2
Rented vehicle	1	3.6	2	1.2	6	3.4	9	2.5
Own motorcycle	-	-	21	12.2	15	8.5	36	9.5
Rented motorcycle	-	-	2	1.2	-	-	2	0.6
Public transportation	12	42.8	132	76.7	139	79.0	283	75.2
Walking	4	14.3	6	3.5	9	5.1	19	5.0
Travel time (in minutes)								
Mean*	21.4a		30.7b		28.3b			
Maximum	45.0		60.0		60.0			
Minimum	5.0		2.0		10.0			
Standard Deviation	9.0		11.4		10.5			
Time until commencement of treatment (in days)								
Mean**	1.2a		4.3b		5.1c			
Maximum	5.0		15.0		15.0			
Minimum	1.0		1.0		1.0			
Standard Deviation	0.8		2.5		2.4			
Reliability Interval	0.3		0.4		0.4			
Type of Difficulty (n=53)								
Scheduling an appointment	-	-	17	9.9	7	4.0	24	6.3
Waiting time	-	-	-	-	29	16.4	29	7.7
Reasons for choosing the service								
Third-party recommendation	8	28.6	34	19.8	27	15.3	69	18.4
Waiting time before session (in minutes)								
Mean***	7.7a		9.6a		23.2b			
Maximum	15.0		20.0		60.0			
Minimum	5.0		5.0		5.0			
Standard Deviation	3.5		3.4		14.0			
Reliability Interval	1.3		0.5		2.1			

* Statistically significant difference between groups A and B, and between groups A and C (Student-Newman-Keuls test).

** Statistically significant difference among the three groups (Student-Newman-Keuls test).

*** Statistically significant difference between groups A and C, and between groups B and C (Student-Newman-Keuls test).

of physical therapy services in their area, problems with locomotion, financial difficulties and the distance from their homes. These arguments were relevant because most users took public transportation to their destination. Therefore, the difficult access for some users became evident due to financial matters and the fact that this means of transportation cannot be easily used by part of the population.

In the study by Trad et al.²³, participants reported that the location of the Family Health Units is considered to be easily accessible in most cities. This is important with regard

to user satisfaction because it means easy access to health professionals and care.

The difficulties reported by public health system users in the present study were scheduling appointments and the waiting time for service. Some SUS users mentioned, waiting times of up to 60 minutes because of the high demand for these services including physical therapy. This fact can be attributed to the fact that SUS did not hire a sufficient number of physical therapists. The small number of professionals resulted in longer waiting times. Ibanéz et

Table 4. Physical therapist's explanation about the service, number of physical therapists, reliance on the service, achieved results, level of satisfaction with the service and recommendation of the service of three physical therapy clinics, 2007.

Evaluated Data	A (Private)		B (Municipal)		C (State)		Total	
	n=28	(%)	n=172	(%)	n=176	(%)	n=376	(%)
Physical therapist explained the service to be provided								
Yes	28	100.0	159	93.2	164	92.4	351	93.4
No	-	-	13	6.8	12	7.6	25	6.6
Sufficient number of physical therapists								
Yes	20	71.4	144	79.0	139	83.7	303	80.8
No	8	28.6	28	21.0	37	16.3	73	19.2
Reliance on service								
Yes	27	96.4	170	96.6	170	98.8	367	97.7
No	-	-	-	0.6	1	-	1	0.2
More or less	1	3.6	2	2.8	5	1.2	8	2.1
Results were achieved								
Yes	27	96.4	167	97.2	171	97.1	365	97.0
No	1	3.6	5	2.8	5	2.9	11	3.0
Level of satisfaction with service								
Very satisfied	15	53.6	29	16.9	3	1.7	47	12.5
Satisfied	13	46.4	126	73.2	145	82.3	284	75.5
Neither satisfied nor dissatisfied	-	-	17	9.9	14	3.7	31	8.2
Dissatisfied	-	-	-	-	14	3.7	14	3.7
Very dissatisfied	-	-	-	-	-	-	-	-
Would recommend service								
Yes	28	100.0	172	100.0	167	44.4	367	97.6
No	-	-	-	-	9	2.4	9	2.4

al.¹¹ also concluded that the long waiting time was a reason for complaints by the interviewed users^{6,24,25}.

Physicians' referral to physical therapy treatment at private, municipal and state health systems reached 81.6%, which was confirmed by the required referrals by physicians of the same service or others so that the user can receive physical therapy assistance at both public and private clinics, including SUS patients.

The average number of days until the beginning of physical therapy treatment in the private system was low (five days), while in the municipal and state systems, it was higher. This demonstrates there was more promptness in private services possibly due to the larger number of professionals, better infrastructure and more physical therapy equipment.

Oliveira et al.¹² reported that public health system users waited more days to begin treatment because of the difficulties in scheduling an appointment. This finding is important because it shows the need for government strategies to improve user satisfaction when it comes to issues of infrastructure and waiting time. Among these strategies is the allocation of more financial resources to purchase equipment, which together with more professionals will allow faster services.

Based on COFFITO²⁶ regulations and on Viel²⁷, the procedures of physical therapy clinics were evaluated from the user's point of view as shown in Table 4. The number of physical therapists at a clinic is an indication of the satisfaction with care. As established by SUS²⁸, there must be one physical therapist per hour for every group of six patients. This is also the quality treatment criteria for therapist-patient relationships recommended by COFFITO to ensure that during clinic hours the number of physical therapists on duty is compatible with the nature of the service and the attention it requires²⁹.

The present research also found high levels of reliance on the received service (97.7%) and on the attained results (97%). Thus, the users interviewed at each of the three clinics were satisfied with the service they received and recommended it to other users. The state system users, however, did not recommend the service. These users reported longer waiting times and difficulty in scheduling an appointment because of the larger number of patients, as previously mentioned. Similar data were found in the study by Beattie et al.³⁰, in which users recommended the service to other patients. The authors also found that the patient-therapist interaction and the quality of care were the dimensions with highest correlation with user satisfaction³¹.

It is clear that satisfaction must be the end result of every health service. Therefore, it should not be the only object of evaluation because other important points must be considered, such as user perception based on socioeconomic and cultural factors, living conditions and, especially, the personal circumstances of each user at the time of the interview^{6,32}. Other pertinent issues must also be included, such as the state of health, functional capacities and quality of life, to evaluate patient satisfaction as a result of physical therapy³⁰. For those reasons, physical therapy services require an instrument for user satisfaction evaluation, as frequent interventions demand much more time than a routine medical appointment. The questionnaires for clinic appointments are not valid, hence the importance of research in this area³³.

Conclusions

Satisfaction surveys show temporary results that must receive constant attention as they reflect the conditions of the services provided to users, and so must the assessment of health system policies, which require continuous review due to population growth, otherwise they might become ineffective.

It is believed that socioeconomic factors interfere with the selection of the service. Low income earners seek public services because access is universal, but those with a higher income who have health insurance look for treatment in the private health system. This leads to the conclusion

that, despite the universal quality of assistance guaranteed by SUS, the government needs to invest more in the health sector, particularly in physical therapy, to achieve greater user satisfaction of the population, especially with regard to waiting times.

Access, from the users' point of view, to the three evaluated services met their needs, although public transportation was the main means of travel. On average, they took 30 minutes to reach the service because their homes are located far away. Their greatest difficulties were waiting time and scheduling the first appointment in the public health system. The quality of the physical therapy services was considered satisfactory by users. It can be assumed that procedures were adequately followed given the high satisfaction percentages.

The present study showed that users were satisfied with the services they received. However, it must be emphasized that some of these results were due to the lack of full knowledge of rights and obligations on the part of the users. Most of them had a low level of instruction, and that may have affected their critical thinking when it came to objectively evaluating their perception of the services rendered.

Acknowledgments

Our sincere thanks to Statistics lecturers, Evaldo Pádua and João Batista Teles for their valuable contribution.

References

1. Donabedian A. The seven pillars of quality. *Arch Pathol Lab Med*. 1990;114(11):1115-8.
2. Donabedian A. La calidad de la atención médica - definición y métodos de evaluación. México: La Prensa Médica Mexicana; 1984.
3. Vaistman J, Andrade GRB. Satisfação e responsividade: formas de medir a qualidade e a humanização da assistência à saúde. *Cienc Saude Coletiva*. 2005;10(3):599-613.
4. Esperidião M, Trad LAB. Avaliação de satisfação de usuários. *Cienc Saude Coletiva*. 2005;10 (Supl):303-12.
5. Farias LO, Melamed C. Segmentação de mercados da assistência à saúde no Brasil. *Cienc Saude Coletiva*. 2003;8(2):585-98.
6. Paiva SMA. Qualidade da assistência hospitalar: avaliação a satisfação dos usuários durante seu período de internação [tese de doutorado]. São Paulo: Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo; 2006.
7. Magalhães MS, Sousa FJP. Avaliação da assistência fisioterapêutica sob a óptica do usuário. *Fisioterapia Brasil*, Fortaleza, 2004;5(5):350-6.
8. Ayres M, Aires Jr. M, Ayres DL, Santos AS. *BioEstat 3.0: Aplicações estatísticas nas áreas das ciências biológicas e médicas*. Belém: Sociedade Civil Mamirauá/Brasília: Conselho Nacional de Desenvolvimento Científico e Tecnológico; 2003.
9. Pinheiro RS, Travassos C. Inequality in health care use by the elderly in three districts in the city of Rio de Janeiro. *Cad Saude Pública*. 1999;15(3):487-96.
10. Rosso JA, Silva RM. Avaliação da qualidade do atendimento em unidades primárias de saúde: comparação de estruturas com e sem a presença de acadêmicos de Medicina. *ACM Arq Catarin Med*. 2006;35(2):47-55.
11. Ibañez N, Rocha JSY, Castro PC, Ribeiro MCSA, Forster AC, Novaes MHD, et al. Avaliação do desempenho da atenção no Estado de São Paulo. *Cienc Saude Coletiva*. 2006;11(3):683-703.
12. Oliveira DF, Arieta CEL, Temporini ER, Kara-José N. Quality of health care: patient satisfaction in a university hospital. *Arq Bras Oftalmol*. 2006;69(5):731-6.

13. Velarde-Jurado E, Avila-Figueroa C. Evaluación de la calidad de vida. *Salud Publica Mex.* 2002;44:349-61.
14. Albuquerque AS, Tróccoli BT. Desenvolvimento de uma escala de bem estar subjetivo. *Psicol Teor Pes.* 2004;20:153-64.
15. Joia LC, Ruiz T, Donalizio MR. Condições associadas ao grau de satisfação com a vida entre a população de idosos. *Rev Saude Publica.* 2007;41(1):131-8.
16. Medonça KMPP, Guerra RO, Diógenes TPM. Influência das características sócio-demográficas na satisfação do paciente com o tratamento fisioterapêutico. *Fisioter Mov.* 2006;19(3):83-9.
17. Matos DL, Lima-Costa MF, Guerra HL, Marcenes W. Projeto Bambuí: avaliação de serviços odontológicos privados, públicos e de sindicato. *Rev Saude Publica.* 2002;36(2):237-43.
18. Araújo IC. Avaliação da satisfação dos pacientes atendidos na clínica integrada do Curso de Odontologia da Universidade Federal do Pará [dissertação de mestrado]. São Paulo: Faculdade de Odontologia, Universidade de São Paulo; 2003.
19. Rosas EP, Dantés OG, Latorre FG. Trato a los usuarios en los servicios publicos de salud en México. *Pan Am J Public Health.* 2006;19(6):394-402.
20. Mendonça KMPP, Guerra RO. Desenvolvimento e validação de um instrumento de medida da satisfação do paciente com a Fisioterapia. *Rev Bras Fisioter.* 2007;11(5):369-76.
21. Guedes DGM, Garcia TR. Atendimento nos serviços do Sistema Único de Saúde e satisfação do usuário: estudo no município de Campina Grande (PB). *Saude Debate.* 2001;25(59):40-9.
22. Lopes RM, Vieira da Silva LM, Hartz ZMA. Teste de uma metodologia para avaliar a organização, acesso e qualidade técnica do cuidado na atenção à diarreia na infância. *Cad Saude Publica.* 2004;20(Supl 2):S283-97.
23. Trad LAB, Bastos ACS, Santana EM, Nunes MO. Estudo etnográfico da satisfação do usuário do Programa de Saúde da Família (PSF) na Bahia. *Cienc Saude Coletiva.* 2002;7(3):581-9.
24. Kloetzel K, Bertoni AM, Irazoqui MC, Campos VPG, Santos RN. Controle de qualidade em atenção primária à saúde. I - A satisfação do usuário. *Cad Saude Publica.* 1998;14(3):623-8.
25. Seclen-Palacin JA, Benavides B, Jacoby E, Velásquez A, Watanabe E. Existe una relación entre os programas de mejora de la calidad y la satisfacci3n de usuarias de atenci3n prenatal?: experiencia en hospitals del Perú. *Rev Panam Salud Publica.* 2004;16(3):149-57.
26. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO Resolução nº 80 de 9 de maio de 1987. [Acesso em: 14 de fev 2006]. Disponível em: <http://www.coffito.org.br/leis1.asp?id=30>.
27. Viel E. O diagnóstico cinesioterapêutico: concepção, realização e transcrição na prática clínica e hospitalar. São Paulo: Manole; 2001.
28. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO. Ofício COFFITO GRADE n. 007/96. Portaria SUS. São Paulo, 26 de fevereiro de 1996.
29. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO Resolução nº 10 de 3 de julho de 1978. [Acesso em: 14 de fev 2006]. Disponível em: <http://www.coffito.org.br/leis1.asp?id=10>.
30. Beattie PF, Pinto MB, Nelson MK, Nelson R. Patient satisfactor with outpatient physical therapy: instrument validation. *Phys Ther.* 2002;82(6):557-65.
31. Goldstein MS, Elliot SD, Guccione AA. The development of an instrument to measure satisfaction with physical therapy. *Phys Ther.* 2000;80(9):853-63.
32. Magalhães MS. Avaliação a assistência fisioterapêutica sob a óptica do usuário. [dissertação de mestrado]. Fortaleza: Departamento de Saúde Comunitária. Universidade Federal do Ceará; 2003.
33. Monnim D, Perneger TV. Scale to measure patient satisfaction with physical therapy. *Phys Ther.* 2002;82(7):682-91.