

Users' perceptions of outpatient physiotherapy in the public healthcare system in Campo Grande (MS, Brazil): problem-solving capacity and difficulties

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This study aimed to ascertain user perceptions regarding outpatient physiotherapy services within the National Health System (SUS) in Campo Grande (MS, Brazil), in relation to care outcomes and barriers encountered. We conducted a descriptive-exploratory investigation through interviews, in which data were organized using the collective subject discourse technique. We interviewed 45 users of seven physiotherapy clinics linked to SUS. Among the reasons for seeking therapy, 93.3% were musculoskeletal disorders and 6.7%, neurological disorders. We identified the following central ideas (CI): CIA – Physiotherapy is not a full solution; CIB – Physiotherapy through SUS is a solution and works well; CIC – Physical distance hinders access to physiotherapy; CID – Bureaucracy hampers continuity of care. Most respondents (86.6%) considered that physiotherapy was a solution. The difficulties related to physical access, and financial and bureaucratic issues were limiting factors.

Keywords: Physiotherapy. Health evaluation. User satisfaction. Public Health.

Introduction

The reorganization of the Brazilian healthcare system in conjunction with the population's current epidemiological profile, with reduction of the birth rate, aging of the population and increasing prevalence of chronic diseases and health complaints due to external causes, has led to a need for studies on the quality of actions within the healthcare services¹.

Different approaches have been used, and assessments made by users are one of the methods used. This has the advantage of showing the opinions of users of the healthcare services or actions. Since these users are protagonists of the process, ascertaining their opinions about the quality of care becomes essential in order to implement actions that improve the effectiveness of care, with lower costs²⁻⁶.

Users' perceptions are a direct measurement of how their needs have been attended to and are related to expectations regarding healthcare⁷. In evaluating the services, users take into account issues relating to professional-patient relationships, access, quality, physical structure and

organizational structure^{5,8}. Monitoring users' satisfaction is also important for evaluating the quality of attendance, considering that this perception may influence changes in work processes and in the capacity of healthcare treatments to resolve problems^{9,10}.

Studies on the quality of physiotherapeutic care and users' satisfaction have been conducted over recent years. In Brazil, studies of this nature are still sparse and limited to quantitative analyses on users' satisfaction²⁻⁶. Even though such analyses make it possible to reach a more representative sample, at lower cost, anonymously and sometimes using self-applicable instruments, there are authors who consider that quantitative evaluations are a reductionist and limited method. For this reason, and because of the high satisfaction levels identified in different studies within healthcare, there is concern with regard to establishing new methodological strategies that would investigate users' opinions in a more trustworthy manner¹¹.

Qualitative studies are important because they make it possible for subjects to truly express their feelings and perceptions relating to their health conditions¹². In addition to focusing on the players' interactions, qualitative studies also take into account beliefs, lifestyles and other conceptions of the health-disease process, and enable spontaneous expression by the interlocutor, without directing the discussion⁸.

Healthcare evaluations should be composed not only of perceptions based on individual experiences, but also on what is happening more broadly in the healthcare system¹³. From this perspective, by not only ascertaining users' perceptions regarding the quality and problem-solving capacity of the care received, but also finding out about how the healthcare system that physiotherapists form part of functions, access to information is expanded and actions can be proposed in accordance with the realities of the population and what can be provided for it.

As mentioned earlier, there are no studies in the literature with a qualitative approach towards the quality of physiotherapeutic care. Taking the view that stronger data regarding the problem-solving capacity of care might be revealed through qualitative research, the objective of this study was to ascertain users' perceptions regarding physiotherapy services, within the sphere of the problem-solving capacity of care and the difficulties faced in using outpatient physiotherapeutic services within the Brazilian National Health System (SUS) in the municipality of Campo Grande, Mato Grosso do Sul (MS), Brazil.

Methodology

This was a qualitative study of descriptive and exploratory nature that was conducted among users of outpatient physiotherapy services within SUS, in the municipality of Campo Grande, MS. Users aged over 18 years who were already undergoing physiotherapeutic treatment through SUS and who had so far fulfilled a minimum attendance of 80% of the scheduled sessions were included.

Initially, information was sought regarding the physiotherapy clinics and hospitals that provide outpatient care within SUS, by means of a list supplied by the Municipal Public Health Department (SESAU) of the municipality of Campo Grande, MS. Following this, the professionals responsible for each service were contacted and a visit was arranged. After presentation of the project and acceptance of participation, the administration of each clinic supplied a list of users who met the inclusion criteria for this study, and 20% of this total were randomly selected for interviewing.

The users were approached in the waiting room of the physiotherapy service itself, where they received explanations about the study. Those who agreed to participate were interviewed. The first part of the interview consisted of gathering personal data such as gender, age, schooling level, family income, occupation and type of health assistance used (SUS, private healthcare plan or contracted services). The second part sought data relating to the physiotherapeutic care used: reason for seeking physiotherapy services; time that had elapsed between referral and attendance; means of transport used to go to the physiotherapy sessions; and whether the sessions were conducted individually or in groups. The third part of the interview was composed of two questions: "What is your opinion regarding the problem-solving capacity of physiotherapy within SUS?" and "What are your main difficulties relating to attendance?" The questions were guided and the interviewer was free to ask questions and stimulate the users to participate or express their opinions, using neutral expressions such: "tell us more about this" or "could you explain this better?" without inducing any type of response.

The interviews were audio-recorded and then transcribed, which made it possible to have a reliable record of the information supplied by the users. After transcription, the material underwent transverse horizontal reading in order to observe the entirety of each interview and to identify the central ideas found in the users' declarations.

The responses to the open questions were analyzed by means of the technique of collective subject discourse (CSD)¹⁴, which is a way of organizing data of verbal nature that was obtained through individuals' declarations, through which the set of individual thoughts expresses the collective thinking. For this, the individual responses to each question put forward were analyzed and, from this, the methodological concepts of key expression (KE), central idea (CI) and anchorage were extracted. These were used for processing the declarations, thus originating the CSD.

The research project was submitted to the Ethics Committee for Research on Human Beings of the Federal University of Mato Grosso do Sul (UFMS), and all the participants signed a free and informed consent statement.

Results

Interviewees' characteristics

In the municipality of Campo Grande, MS, there are 135 physiotherapy clinics that are registered with the Regional Council for Physiotherapy and Occupational Therapy of the 13th Region¹⁵. According to the list of physiotherapy services supplied by SESAU, at the time of this study, outpatient physiotherapeutic care through SUS in this municipality is provided in supplementary form by ten clinics with service agreements. Of these, seven participated in the study, two were no longer functioning as physiotherapeutic care clinics and one did not agree to take part in the study.

Taking the inclusion criteria into consideration, 45 users were interviewed at the seven clinics. The interviewee profile was characterized as 60% male ($n = 27$) and 40% female ($n = 18$). The interviewees' mean age was 49.18 ± 16.79 years, with a minimum age of 18 years and maximum of 86 years. With regard to schooling level, 13.3% ($n = 6$) had attended school until completing elementary education; 37.8% ($n = 17$) had not completed elementary education; 24.5% ($n = 11$) had attended school until completing high school education; 11.1% ($n = 5$) had not completed high school education; 6.7% ($n = 3$) had completed an undergraduate university-level course; 4.4% ($n = 2$) had not completed the undergraduate course; and 2.2% ($n = 1$) had completed a specialization course. The mean family income was $1,475.02 \pm 1,062.24$ reais, with a range from 624.00 to 4,500.00 reais. Regarding occupation, 11.1% ($n = 5$) did not have formal employment and did not have income of their own, including four housewives (80%) and one student (20%). The other 88.9% ($n = 40$) had income: 15% ($n = 6$) were civil construction workers; 7.5% ($n = 3$) production assistants; 7.5% ($n = 3$) shop assistants; 5% ($n = 2$) self-employed; 5% ($n = 2$) drivers; 5% ($n = 2$) nurses; 2.5% ($n = 1$) retired; 2.5% ($n = 1$) administrative assistant; 2.5% ($n = 1$) petrol/gasoline pump attendant; 2.5% ($n = 1$) foreman; 2.5% ($n = 1$) cook; 2.5% ($n = 1$) caregiver for elderly people; 2.5% ($n = 1$) driving school instructor; 2.5% ($n = 1$) maid; 2.5% ($n = 1$) agricultural/livestock technician; 2.5% ($n = 1$) barman; 2.5% ($n = 1$) commercial representative; 2.5% ($n = 1$) seamstress; 2.5% ($n = 1$) lathe operator; 2.5% ($n = 1$) mechanic; 2.5% ($n = 1$) teacher; and 2.5% ($n = 1$) welder. Among all the users, 60% ($n = 27$) had some other form of healthcare assistance, supplementary to SUS, but had not used the physiotherapeutic services that were available through their service agreements because of the need to pay the fees charged for each physiotherapy session.

The main complaints that led to seeking physiotherapy through SUS were bone-muscle-joint disorders, which accounted for 93.3% ($n = 42$) of the cases. These resulted from work-related accidents and injuries (26.2%; $n = 11$), vehicle accidents (23.8%; $n = 10$), back pain (19.1%; $n = 8$); shoulder injuries (9.5%; $n = 4$); ankle injuries (9.5%; $n = 4$); knee injuries (7.2%; $n = 3$); and osteoporosis (4.7%; $n = 2$). The remaining users presented neurological

dysfunctions (6.7%; n = 3). The mean time that elapsed between the referral and the first physiotherapy consultation through SUS was 21.38 ± 39.7 days, with a range from one to 210 days after the referral. The majority of the users (51.1%; n = 23) traveled to the physiotherapy sessions by public transport; 37.8% (n = 17) went by car; 6.7% (n = 3) used a bicycle; and 4.4% (n = 2) walked. All the users stated that they were treated individually at the sessions.

To make their physiotherapy appointments, the users reported that they took their medical referral to the healthcare unit closest to their homes and, from there, through the regulation center, they were referred to one of the physiotherapy clinics linked to SUS that had slots available. If the users wished to choose a specific clinic among the SUS service providers, they would have to wait until slots became available at the desired clinic.

Interviewees' perceptions

In relation to the open questions, we identified two categories among the responses: problem-solving capacity of care and barriers against using the services, which are presented below.

Problem-solving capacity of care

The declarations showed the users' perceptions regarding the problem-solving capacity of outpatient physiotherapy through SUS from two main angles. From the responses to the question "What is your opinion regarding the problem-solving capacity of physiotherapy within SUS?" two central ideas (CI) were identified and the respective collective subject discourse (CSD) relating to each CI was compiled.

Central idea A (CIA) was that physiotherapy is not a full solution, based on the responses of six users, whose complaints consisted of bone-muscle-joint dysfunctions resulting from shoulder injuries (n = 3), ankle injury (n = 1), back pain (n = 1) and a vehicle accident (n = 1). The CSD for this is represented in **Box 1**.

Box 1. CIA – Physiotherapy is not a full solution.

"I see physiotherapy more as palliative, for alleviating pain. It provides some degree of solution. It works for a certain time. I came here because I was in great pain. Well, it got much better. But it's for a short time, not for a long time. So much so that if I do 10 applications, I expect that in around 15 days, it starts to hurt again. It depends on the place, because I went to one physiotherapy clinic and had 20 sessions, just with shocks. That's not right."

Central idea B (CIB) – physiotherapy through SUS is a solution and works well – was reported by 39 users who correlated physiotherapy with improvement of function and of the symptoms presented. This group was composed of users who presented neurological dysfunctions

(n = 3) and bone-muscle-joint dysfunctions resulting from work-related accidents and injuries (n = 11); vehicle accidents (n = 9); back pain (n = 7); osteoporosis (n = 2); shoulder injuries (n = 3); ankle injury (n = 1); and knee injuries (n = 3). **Box 2** demonstrates the CSD.

Box 2. CIB – Physiotherapy through SUS is a solution and works well.

“I think the physiotherapy through SUS is good. The attendance is very good, it works very well and I’m seeing results. It also depends on whether the patient fulfills the targets that they ask you to reach. I have nothing to complain about. I haven’t finished, but we can already see a good result. During the physiotherapy process, there has been a visible improvement. I wasn’t even walking and I came here in a really bad state, in a wheelchair, and now I’m walking on crutches. I was in great pain. My foot was very swollen; it looked like two feet. So, I feel that I’ve been improving, improving. It works. It’s good; it helps us. It helps a lot. For me, it’s having an effect.”

Barriers against using the services

According to the declarations in the interviews in response to the second question – “What are your main difficulties relating to attendance?” – two groups of barriers against outpatient physiotherapy through SUS could be identified. The first barrier, which related to the patients, was physical and financial difficulty in accessing the services. The other, which related to the services, was difficulty in relation the continuity of treatment. From the declarations of five users, central idea C (CIC) was created: the notion that distance hindered access to physiotherapy. The CSD for this is demonstrated in **Box 3**.

Box 3. CIC – Physical distance hinders access to physiotherapy.

“The distance. It needs to be in a place closer to people. People sometimes are unable to go walking very far, because of their problems. I keep thinking about those who live a long way away. I always look for the closest place within SUS. Because sometimes people have to cross the city to do physiotherapy. I don’t have anyone to take me. I have to go there and come back. So, you spend a bit, don’t you? Well, I’m not getting my salary because right now, I’m at a standstill, you know. So, it’s been pretty difficult for me lately. Because sometimes I don’t have a pass. Do you see how much I spend on a pass without being able to? It’s really without being able to. I take it from one thing to cover another.”

Central idea D (CID) was formed from another 14 declarations – bureaucracy hampers continuity of care, and consequently its problem-solving capacity – as demonstrated in the corresponding CSD (**Box 4**).

Box 4. CID – Bureaucracy hampers continuity of care.

“The only difficulty is to make an appointment for physiotherapy when there’s a sequence. Not everyone is able to make appointments, because it’s very slow. Because there are people who don’t have time to get physiotherapy through SUS. The slowest way is to make an appointment at the healthcare center, isn’t it? I had to get up early to go to the healthcare center to make an appointment. You have to make an appointment and wait. You go back to the doctor to be able to ask for more. For you to make an appointment with the doctor is hard enough. Because sometimes, the physiotherapist asks you to continue, but then you have to go back to the doctor: go there, go back and make an appointment for a consultation. For example, the doctor authorizes 30 sessions. I do them in batches of 10. When there’re finishing, I have to make appointments for another 10. So, I go to the healthcare center closest to home and I’m unable to make an appointment for the sequence. Sometimes, it gets complicated: it’s the system that indicates the location. When a slot appears and you need it, you have to go to another clinic. The system indicates another place for physiotherapy, and gives the impression that I have to start all over again. It would be good at the same place. A referral lasting for longer.”

Discussion

This study was based on the assumption that healthcare is a universal right and on recognition that functional health is an important part of Brazilians’ health. Specifically in this study, evaluation of outpatient physiotherapeutic care from service users’ perspectives positioned knowledge of the realities as a strategy for making advances regarding the quality of care.

Although healthcare services are not the main determinants in the health-disease process, the existence of such services and ensured access to them for the population may have an impact on the population’s health¹⁶. Outpatient physiotherapeutic attendance provided as early as possible through a functional kinesiological diagnosis, and treatment provided immediately and continuously that resolves the problem will consequently limit the damage, enable rehabilitation and have positive repercussions of the health of individuals who are vulnerable and/or have some degree of functional incapacity.

In analyzing the profile of physiotherapeutic service users, we found that the largest percentages were adult males, with income of their own, low schooling level and low family income. With regard to traveling to the physiotherapy clinics, the majority of the users arrived at the clinics by means of public transport.

With the exception of gender, other studies have identified similar characteristics among outpatient physiotherapy users^{2,4}. The users of public services present lower schooling and family income levels than the users of private services^{3,5}. Adults are more exposed to risk factors such as traffic and work-related accidents, chronic diseases and stress¹⁷. These factors are even more evident among men, who in the present study represented the majority of the users undergoing physiotherapeutic treatment. In comparison with women, men consume more alcohol and drugs, are more susceptible to accidents due to external causes (such as traffic accidents and violence and, depending on their occupational activity, may be more exposed to risky situations in the

workplace¹⁸. Another characteristic relating to male gender is that men consider themselves to be invulnerable, with low adherence to preventive practices, and do not seek attendance at primary healthcare level. Rather, they enter the healthcare system at institutions providing services of medium and high levels of complexity, when illnesses occur^{19,20}.

All these characteristics explain the results relating to the main reasons for seeking physiotherapy services, reported by users in this and other studies in the literature^{3,5}, i.e. bone-muscle-joint complaints, especially due to traffic and work-related accidents. It was therefore noted that most of the users sought physiotherapeutic care because of an acute event that left them temporarily with some degree of functional incapacity and impaired their productive lives and working activities.

Through these results, together with the fact that physiotherapeutic care provided by primary healthcare teams in Brazil is a process under construction²¹, and that this is not yet the reality in Campo Grande or in most other municipalities in Brazil, it can be inferred that individuals with mild complaints due to disorders that still are not imposing significant limitations on functional health are at the mercy of the natural evolution of the disease. This situation may, over the medium to long term, have the repercussion of conditions of greater severity and less chance of being resolved, thereby imposing hefty physical, psychological, social and economic costs^{22,23}.

Also in relation to the reasons for seeking outpatient physiotherapeutic care, it was notable that only a small percentage of the users identified within the municipality's outpatient physiotherapy network presented neurological problems. These results were similar to those reported by some other authors^{3,5}, and were possibly related to the difficulties in physical locomotion among users with neurological disorders. The interviewees reported that they traveled to the physiotherapy clinics by means of public transport, car, bicycle or on foot, which indicated that patients with locomotion difficulties and who were not in a financial position to fund a car that could transport them to the clinic did not have the possibility of using the public physiotherapy services.

According to the demographic census results from 2010 for this municipality, there were 150,191 inhabitants with some form of motor deficiency, who were classified as follows: 98,410 people with motor deficiency "with some difficulty"; 42,895 people "with great difficulty"; and 8,886 people who "were totally unable" to perform motor tasks²⁴. Considering that the majority of the population was using the public healthcare network, it can be affirmed that there was a large number of people with motor deficiency, with a need for physiotherapeutic treatment, who did not have access to rehabilitation services. This repressed demand can be explained by the fact that healthcare transportation for these users to travel to the respective services is not made available by SESAU, nor has any home care network been instituted, either in the municipality studied or in most other municipalities in Brazil. This reality has also been identified in other studies, which demonstrated that limitations relating to traveling to the physiotherapy location can be considered

to be an obstacle to access. Adequate physical and financial conditions are required, given the regularity and frequency that such treatments demand⁴.

Because healthcare is a constitutional right and universality of access at all levels of care is one of the principles of the Brazilian National Health System (SUS)²⁵, it is a matter for concern that lack of access to rehabilitation services is imposed on these citizens. Individuals with moderate and severe degrees of motor deficiency who are unable to move around remain restricted to their homes and, without access to rehabilitation services, remain exposed to evolution of their conditions. These citizens are denied the possibility of recovering the functional health and, in many cases, denied working and social lives.

With regard to users' perceptions of the problem-solving capacity of the physiotherapeutic care received, we identified from their responses that this perception was linked specifically to functional recovery and pain improvement. Other studies have demonstrated that users also qualify their satisfaction with care and the problem-solving capacity of care by correlating these with the physical environment and the therapist/patient relationship^{3,4,6,11}.

Although a significant group of respondents considered that the care received was a solution for the problem, even if the treatment was still in progress, there was another group that considered that the care received did not produce a full solution, since the symptoms returned at some time after the treatment ceased. Several factors may be linked to the limited problem-solving capacity of physiotherapeutic care and among these is discontinuity of treatment. This was also reported in the present study as a difficulty faced by users. The efficacy of the therapeutic care may be deferred, interrupted or abolished over the course of the period over which the patient remains without assistance or guidance²⁶.

Recognizing the relationship between problem-solving capacity and users' satisfaction is important for evaluating the quality and performance of healthcare services. Location and the costs involved are factors that influence users' satisfaction and adherence²⁷. In the present study, the difficulties that were mentioned related to physical-financial access and bureaucracy, even among users who considered that physiotherapy provided a solution. Regarding the different dimensions of the barriers to access, Assis and Jesus (2012)²⁸ identified and described the political, technical, symbolic, physical-social and organizational barriers. The last two of these were reported by the individuals analyzed in this study.

These results reinforce the previous discussion regarding lack of access to physiotherapy services, which remain restricted to individuals who, in some manner, are capable of traveling to the treatment location. Even those who were able to undergo physiotherapy complained about having to travel long distances, which required time, physical effort and financial expenditure. This reality was also found in the study by Machado and Nogueira (2008)⁵, in which the users who reported that access was difficult considered that the following were obstacles to treatment: the time taken to travel to the attendance location; the lack of closer physiotherapy services; locomotion problems; financial difficulty; and the distance to their homes. We agree with Ramos

and Lima (2003)¹⁰, regarding the need for investigations that survey the demand among users who do not have access to physiotherapy and identify these individuals' healthcare needs. Through this, there may be a repercussion on their day-to-day lives.

Other factors that have been mentioned as obstacles to using physiotherapy services within the public network are the bureaucratic processes of referral and making appointments. Although the paths for physiotherapeutic care are well defined in this municipality, with appointments put into operation through a slot regulation system, at primary healthcare units, there is great variability in the length of time between referral and the start of physiotherapeutic treatment. While some people report that before finishing the sessions envisaged, they seek a medical consultation to request and arrange new sessions (thereby providing an example of how the population actively seeks alternatives in relation to the bureaucracy), others wait for weeks or even for months to continue with the treatment, thus compromising access to and equity of treatment.

Currently, it is recommended that 10 sessions should be made available for every referral, with a need to return to the doctor to obtain new requests for subsequent sessions. However, the time that it takes to make appointments for medical consultations does not follow the timetable for scheduling physiotherapy, which delays the continuity of care. As already discussed, the possibility of longitudinal continuity of treatment may positively influence users' perceptions regarding satisfaction with and problem-solving capacity of the actions implemented²⁶. As identified in the present study, discontinuity of treatment with the same physiotherapist not only interferes with the establishment of professional-user linkage, but also directly influences the problem-solving capacity relating to the main complaint. These comments highlight how important it is for professional physiotherapists to have autonomy for evaluating, discerning and deliberating in relation to the need for individualized interventions for each user.

There is therefore a need to make actions uniform and to achieve greater agility so that users can gain continuity of treatment more rapidly. Moreover, it is important to improve the information and publicize the paths that users need to follow through the system in order to benefit from physiotherapeutic services.

Thus, it was possible to observe that the complaints relating to outpatient physiotherapeutic care through SUS were more related to difficulties in accessing these services. It should be emphasized that even with all the difficulties reported, most of the patients considered that the physiotherapy service provided a solution. We cannot avoid reflecting on the possibility that the lack of criticism of the services may have been due to fear of harming the care provided, or due to a relationship of dependency with the healthcare professionals, which was previously broached by Fréz and Nobre (2011)³.

Another factor that may have contributed towards the lack of stronger criticism may have been the low schooling level of the interviewees. The lower the schooling level is, the greater the difficulty that these individuals have in presenting a critical view regarding the services provided⁵.

The National Committee on Health Determinants (CNDSS; 2008)²⁹ discussed the effects of schooling levels on the health of populations, such as in relation to their perception of healthcare problems, their capacity to understand information about healthcare and their consumption and use of healthcare services. Thus, it has increasingly been shown necessary to improve access to information among SUS users, regarding quality healthcare as a constitutional right³⁰. In addition to the benefits for users themselves, in the sense of strengthening their critical opinions and providing empowerment and autonomy, this also favors the flow of care provision and a healthcare network that is more responsive and resolute.

From the same perspective, due to low numbers of years in formal education, we found that the majority of the interviewees were in occupations at technical level. These individuals' economic limitations due to their placement in the labor market had an impact on their family incomes and consequently on their access to healthcare. Assis and Jesus²⁸ correlated low income with difficulty in accessing healthcare services and claimed that individuals belonging to economically impaired social classes sought such services less or presented greater difficulty in benefiting from them. It is possible that the association between these factors and the users' lower critical capacity led them to identify approaches of questionable quality as good.

Even though the majority of the users spoke positively of the problem-solving capacity of physiotherapy, the opinions of those who did not consider that physiotherapy provided a solution, along with the difficulties reported by all the interviewees, are of fundamental importance for reorganizing the public healthcare services.

Managers and teams of workers should also consider the possibility of accepting unqualified and overestimated offers from users, given that autonomy, empowerment and participation by this segment in controlling services is still at an initial stage in most healthcare networks.

Final remarks

The profile of outpatient physiotherapy users served by SUS in Campo Grande, MS, is characterized by male individuals of low schooling level who are at an economically active age, and who are in a position to travel by means of public transport or car to receive physiotherapeutic care. The main reasons for referral for outpatient physiotherapy through SUS found in this study related to bone-muscle-joint disorders. Thus, it can be understood that users with neurological disorders or disorders of other nature, with difficulties relating to physical and financial access, or without a medical referral, were not receiving physiotherapeutic attention at outpatient level.

Most of the interviewees considered that the outpatient physiotherapy available through SUS in this municipality provided a solution, since it reduced the pain symptoms and improved functionality. The difficulties in using the physiotherapy services that were mentioned related to the

distance from users' homes to the clinics and the bureaucracy involved in making appointments. The distance limited the physical-financial access and the bureaucracy interfered with the continuity and consequently the problem-solving capacity of the treatment.

For better physiotherapeutic care with greater problem-solving capacity, the care network needs to be reorganized with regard to bureaucratic issues, such as the need to return to the doctor solely with the aim of ensuring referral, and the need to expand the physiotherapy services in different regions of the municipality and the number of physiotherapists for secondary care within SUS. Moreover, it can be understood that these measures do not benefit users requiring physiotherapy who are not in a condition to travel to the clinics, or are restricted to their homes or are bedridden. Thus, it is important to establish home care services, instituted by SUS³¹ and to introduce physiotherapists into these settings. It is recommended that studies should be conducted to survey the demand among users who are not in a condition to travel to physiotherapy clinics and who remain without access to physiotherapeutic care through SUS, given that this was not taken into consideration through the methodology of the present study.

Finally, it can be understood that simply improving access and the availability of slots within the system is insufficient for ensuring problem-solving care. For this, the professionals should be qualified to promote functional health among users requiring physiotherapeutic services, and users need to develop autonomy, social participation and commitment to care for their own health.

Collaborators

The authors worked together in all the stages of production of this manuscript.

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