

ORIGINAL ARTICLE

**QUALITY OF DENTAL SERVICES: ASSOCIATION WITH
SOCIODEMOGRAPHIC AND SELF-PERCEPTION
CHARACTERISTICS*****HIGHLIGHTS**

1. Users with lower income, education, and who need dental prosthesis rated the utilization component better.
2. Users with dental pain and dissatisfied with their oral health rated the accessibility to the service worse.
3. There is an association between sociodemographic variables and self-perception in oral health with average scores.

Douglas Emanuel Maciel da Silva¹ Camila Casimiro Siciliani² Juline Manica Desordi³ Francini de Oliveira Rodrigues¹ Christiane de Fátima Colet¹ Adriane Cristina Bernat Kolankiewicz¹ **ABSTRACT**

Objective: To associate sociodemographic variables with the self-perception of primary health care users. **Method:** Cross-sectional study with 222 users of dental services from 15 primary care units in a medium-sized city in Rio Grande do Sul, Brazil. Questionnaires with sociodemographic profile, self-perception, and the Primary Care Assessment Tool Brasil oral health were used. For comparisons of t-Student test scores for independent groups and ANOVA (one way) – Post Hoc Sheffé. **Results:** Users with lower family income ($p=0.016$), lower education ($p=0.027$), and who needed to make or replace dental prostheses ($p=0.020$) showed a significant association in the attribute of service utilization. Regarding accessibility, the variables toothache ($p=0.021$) and satisfaction with oral health ($p<0.001$) showed significant associations. In the information system attribute, the higher the number of queries ($p=0.012$), the better the score. **Conclusion:** Significant associations were found between sociodemographic variables and self-perception of oral health with the mean scores.

KEYWORDS: Quality of Health Care; Dental Health Services; Primary Health Care; Perception; Dentistry.

HOW TO REFERENCE THIS ARTICLE:

Silva DEM da, Siciliani CC, Desordi JM, Rodrigues F de O, Colet C de F, Kolankiewicz ACB. Quality of dental services: association with sociodemographic and self-perception characteristics. Cogitare Enferm. [Internet]. 2024 [cited "insert year, month and day"]; 29. Available from: <https://doi.org/10.1590/ce.v29i0.96262>.

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INTRODUCTION

Dentistry, integrated into public health services, has historically represented a curative model focused on the main oral health issues. The process of reorienting dental care, based on the basic principles of the Unified Health System (SUS), resulted in the National Oral Health Policy (PNSB), established in 2004, and known as “Brasil Sorridente”¹⁻².

However, even with the presence of Oral Health Teams (ESBs) in Primary Health Care (PHC), the various demands met by Dentistry do not always represent the real needs of the population. The quality of services needs to consider the structural work contexts and the socioeconomic issues of the users who use these services. Furthermore, self-perception in oral health (ASB) is also an important indicator that influences the use of health services and the degree of user satisfaction³⁻⁵.

The instrument *Primary Care Assessment Tool (PCATool)* proposes an assessment of the quality of health services based on the identification of the presence and extent of PHC attributes. The essential attributes are: first contact access (utilization and accessibility), longitudinality, comprehensiveness (available services and provided services), and coordination (integration of care and information systems). The derived attributes are: family orientation, community orientation, and cultural competence. The presence of these attributes and their components represents greater user satisfaction and better indicators that positively impact people’s health status⁶⁻⁷.

The Ministry of Health recommends the use of the Primary Care Assessment Tool (*PCATool*) for the evaluation and monitoring of the quality of PHC, however, there is a need for more studies to verify the quality of oral health in Brazil⁸. In addition, in the literature there is a scarcity of studies that highlight possible sociodemographic and self-perception factors that influence the evaluation of attributes by users of PHC dental services⁹⁻¹².

In this sense, a knowledge gap is identified, requiring new studies to verify the sociodemographic and self-perception health variables that may influence the assessment and identification of the presence and extent of PHC attributes, justifying the conduct of this study. Results may identify potentialities and weaknesses, as well as assist in health management and administration processes, in order to improve dental services. Thus, the study aims to associate sociodemographic variables with the self-perception of primary health care users.

METHOD

This is a cross-sectional study, conducted as recommended by the *STROBE* (*Strengthening the Reporting of Observational Studies in Epidemiology*) tool. The study was conducted in a medium-sized municipality in Rio Grande do Sul (RS), Brazil, with a population of 83,764 inhabitants and 15 primary health care units with Oral Health Teams (ESB). The study population consisted of users of dental services from health units with and without ESBs. Inclusion criteria: users who had resided in the coverage area for at least one year, were over 18 years old, and had attended at least one appointment with the unit’s dentist in the past year. Those who had cognitive limitations that made it impossible to understand the research and the questionnaire items were excluded.

The number of study participants was calculated from the total number of registered individuals in health units with ESBs, totaling a minimum of 222 users. For this, a sample power of 80% ($1-\beta=0.20$), a significance level of 5% ($\alpha=0.05$), and a maximum margin of error of 12.5% were used as the basis for calculation. The sample was calculated per health unit, ensuring a proportional distribution of participants.

Of the registered units, 4,874 users were drawn and the inclusion criteria in the electronic medical record were verified. Of these, 386 met the criterion of having had at least one dental appointment within a year. Subsequently, an attempt was made to contact by phone or in person through a home visit, to present the research and schedule collection at the health unit or home. Up to three contact attempts were made with each participant, on different days and times. Of the identified patients who accessed dental services, 45 users refused to participate, 42 could not be located, and 70 users scheduled the collection but did not show up. There were also seven patients who did not meet other research criteria and were excluded.

Data collection took place between February and July 2022. For sociodemographic and self-perception profile in SB, a structured questionnaire prepared by the researchers was used. The attributes of PHC were evaluated using the validated instrument, *PCATool* Brazil SB version for adult patients¹³.

The (*PCATool*) aims to assess the quality of health services through the presence and extent of four essential attributes (first contact access, longitudinality, comprehensiveness, and care coordination) and three derived attributes (family orientation, community orientation, and cultural competence)¹³.

Regarding access, elements related to accessibility and service use are considered; the longitudinality attribute refers to continuous care over time; comprehensiveness refers to the availability and provision of services in PHC with an emphasis on a holistic view of the individual; and, finally, care coordination, which refers to the information system and integration of care provided in health services, with Primary Care as the network coordinator. Among the derived attributes, "family orientation" seeks to identify family factors that influence health; "community orientation" is related to the needs of the community; and "cultural competence" with the knowledge of specific cultural issues⁷.

The *PCATool*/SB Brazil, validated version for adult patients, includes 86 items, distributed in 10 components, which are: Affiliation, First Contact Access – Utilization, First Contact Access – Accessibility, Longitudinality, Coordination – Care Integration, Coordination – Information System, Comprehensiveness – Available Services, Comprehensiveness – Provided Services, Family Orientation and Community Orientation⁶.

The scores are obtained by summing the values of the responses divided by the total number of items of the respective component and transformed into values ranging from 0 to 10, with scores greater than 6.6 being considered satisfactory, indicating the presence of the measured attribute⁶.

Descriptive statistics were used to analyze the variables, involving absolute and relative distributions, as well as estimates for mean and standard deviation, complemented by the 95% Confidence Interval (95% CI). The Kolmogorov-Smirnov test was used to verify the normality of the data distribution. In the comparisons of the attribute scores with the variables, the *t-Student* tests for independent groups were used, as well as the ANOVA (One Way) - Post Hoc Sheffé. The results were considered statistically significant when $p \leq 0.05$. The statistical treatment was performed with the aid of the program Statistical Package for Social Sciences version 25.0 (SPSS Inc., Chicago, IL, USA, 2018) for Windows.

This research was approved under substantiated opinion number 5,156,499 of December 9, 2021, by the Research Ethics Committee of the Universidade Regional do Noroeste do Estado do Rio Grande do Sul/Brazil.

RESULTS

222 users participated in the study. The age of the participants ranged from 18 to 81 years, with an average of 48.4 (± 15.1) years. As for the sociodemographic characterization, female sex prevailed (71.2%), white/yellow color (65.5%), married/living in union status (60%), and with children (85.6%).

Most participants had made two to three appointments in the last year (41.9% - n=93) and had not felt tooth pain during this period (52.7%). Regarding self-perception in oral health, 81.5% considered themselves in need of dental treatment and 57.2% perceived themselves as not needing rehabilitation with dental prosthesis. Furthermore, there was a prevalence of satisfaction with their oral health (56.3%) and chewing ability (61.3%); and dissatisfaction with their oral aesthetics (54.1%) (Table 1).

Table 1 - Characterization of users assisted by the ESB of PHC. Ijuí, RS, Brazil, 2022

Variables	Users (n=222)	
	n	%
Age (years)		
Mean±SD (Range)	48.4±15.1 (18-81)	
Median (1st-3rd Quartile)	49 (36-62)	
Sex		
Female	158	71.2
Male	64	28.8
Ethnicity/color – of=2(0.9%)		
white / yellow	144	65.5
brown, black or indigenous	76	34.5
Marital status – of=2(0.9%)		
Married, lives in union	132	60
Does not live in union	88	40
Children		
Yes	190	85.6
No	32	14.4%
Needs Dental Treatment		
Yes	181	81.5
No	41	18.5
Oral aesthetics		
Satisfied	101	45.5
Dissatisfied	120	54.1
Doesn't know	1	0.5

Chewing		
Satisfied	136	61.3
Dissatisfied	85	38.3
Doesn't know	1	0.5

Source: The authors (2022).

In Table 2, the relationship of the components related to the first contact access attribute with sociodemographic and oral health self-perception variables is observed. The utilization component showed a statistically significant association with the variables income ($p=0.016$), education ($p=0.027$), and self-perception of the need for a prosthesis ($p=0.020$). Higher averages were found in the evaluation of users with an income of up to one minimum wage (9.68 ± 0.74), with incomplete primary education (9.58 ± 0.97), and with self-perception of the need for a prosthesis (9.43 ± 1.13).

Regarding the accessibility component, the variables "toothache" and "satisfaction with SB" showed significant associations in user evaluations, with $p=0.021$ and $p<0.001$ respectively. A worse evaluation was observed among users who had dental pain in the last year (4.94 ± 1.71) and who considered themselves dissatisfied with their oral health (4.76 ± 1.69) (Table 2).

Table 2 - Mean, standard deviation, and 95% CI (μ) for the scores of the components of the first contact access attribute compared to income, education, need for prosthesis, perception of pain, and satisfaction with oral health. Ijuí, RS, Brazil, 2022

Variables	Estimates for the <i>PCATool</i> components					
	n	Average	Standard deviation	95% CI		p
				Inferior	Superior	
Usage						
Income (data missing=5)						0.016 ^E
None up to 1 minimum wage	52	9.68a	0.74	9.47	9.89	
From 2 to 3 minimum wages	123	9.09ab	1.62	8.80	9.38	
More than 3 minimum wages	42	8.72b	1.83	8.15	9.29	
Instruction (missing data =4)						0.027 ^E
Incomplete Elementary School	74	9.58 ^a	0.97	9.36	9.80	
Complete Elementary Education	51	9.15b	1.29	8.79	9.51	
Complete High School	62	8.88bc	2.03	8.36	9.40	
Complete Higher Education	31	8.84c	1.61	8.25	9.43	
Need for prosthesis						0.020 ^D
Yes	95	9.43	1.13	9.20	9.66	
No	127	8.98	1.73	8.68	9.28	
Accessibility						
Pain						0.021 ^D
Yes	105	4.94	1.71	4.61	5.26	
No	117	5.44	1.53	5.16	5.72	

Regarding oral health						<0.001 ^D
Satisfied	125	5.57	1.46	5.31	5.83	
Dissatisfied	94	4.76	1.69	4.41	5.11	

D: t-Student test for independent groups

E: Test of ANOVA (One Way) - Post Hoc Sheffé, where means followed by the same letters (in the same attribute) do not differ at a significance of 5%

Source: The authors (2022).

The averages of the information system component showed increasing values according to the number of consultations, showing that the higher the number of consultations, the higher the final score ($p=0.012$). The highest average occurred among users who made more than five consultations in the same period ($7.18\pm$) (Table 3).

It is noted, in Table 3, that the variable "Number of residents in the household" showed a significant association with the Available Services component, with the final average being higher the more residents there were ($p=0.027$). Already, in the component of services rendered, the average was significantly lower ($p=0.006$) among the elderly (3.72). Still, the derived attribute family orientation had means with statistical difference (0.013) when related to the variable "toothache", with worse evaluation among participants who reported having had dental pain in the last year (4.96) (Table 3).

Table 3 - Mean, standard deviation, and 95% CI (μ) for the scores of the components accessibility and information system; in comparison to pain, oral health, and number of consultations. Ijuí, RS, Brazil, 2022

Variables	Estimates for the <i>PCATool</i> components					
	n	Average	Standard deviation	95% CI		p
				Inferior	Superior	
Information Systems						
Number of consultations						0.012 ^A
A consultation	66	5.17b	2.65	4.52	5.82	
From 2 to 3 consultations	91	5.99ab	2.87	5.39	6.59	
From 4 to 5 consultations	34	6.00ab	2.66	5.07	6.92	
More than 5 consultations	29	7.18a	2.55	6.22	8.15	
Available Services						
How many reside in the house						0.027 ^E
1 - only the respondent	26	6.48b	1.79	5.76	7.21	
2-3 people	120	6.98ab	2.26	6.57	7.38	
4 or more	76	7.63a	2.02	7.17	8.09	
Services Rendered						
Age group						0.006 ^D
18 to 59 years	160	4.96	3.15	4.47	5.45	
Above 59 years	62	3.72	2.69	3.05	4.38	

Family Guidance					
Had a toothache	0.013 ^D				
Yes	103	4.96	3.27	4.33	5.59
No	117	6.03	3.06	5.48	6.58

D: t-Student test for independent groups

E: ANOVA (One Way) test - Post Hoc Sheffé, where means followed by the same letters (in the same attribute) do not differ at a significance of 5%

Source: The authors (2022).

DISCUSSION

Results indicate that the scores obtained were influenced by sociodemographic variables and self-perception in oral health, a fact observed in the attributes of first contact access (Accessibility and Utilization), care coordination (Information System), comprehensiveness (available services and provided services), and family orientation. In another study, conducted with 407 users, it was observed that, among the sociodemographic variables, the income variable was associated with the scores found¹¹.

The *PCATool* SB Brazil divides the First Contact Access attribute into two components with specific questions: utilization and accessibility⁶. In the analysis of the utilization component, it was possible to identify that people with lower family income (0.016), lower education level ($p=0.027$), and who needed to make or replace dental prostheses (0.020) had a significantly higher average utilization of services.

There is a direct relationship between income and education variables, as individuals with higher levels of education tend to have higher salaries. In this context, the SUS often represents the main or only form of access for low-income people to health services, favoring a greater use of PHC by this public¹⁴⁻¹⁵.

However, it is worth noting that, even among users with higher income and education, the average rating of the usage component was satisfactory. In the current economic scenario, there is a growing use of public services, a fact explained by the difficulty of users having the financial conditions to maintain a private service. This increases the challenge of ensuring comprehensive care and universal access for the entire population, especially in a global pandemic moment due to COVID-19 associated with the underfunding of SUS¹⁶⁻¹⁷.

This study showed a positive association between the component "utilization" and the "need for prosthesis", that is, users who perceived the need to replace or undergo rehabilitation with dental prosthesis had a significantly higher average use of health services. This can be explained through the municipal Oral Health protocol, which guides the need for referral to the prosthesis service via primary care and with completed treatment.

Tooth loss is a public health problem due to its high prevalence and the damages it causes to the aesthetic, phonetic, and masticatory capacities. In Brazil, about 15.4% of elderly people aged 65 to 74 are completely edentulous, requiring full dentures in both dental arches, and 17.9% are totally edentulous in at least one dental arch¹⁸⁻¹⁹.

Among the actions planned in the PNSB is the provision for rehabilitation with prostheses in the SUS, through the Regional Dental Prosthesis Laboratories – LRPDs²⁰. The municipality investigated in this study has an LRPD. However, the waiting time to access

this service is approximately nine months. It is relevant to seek strategies to increase the coverage of this service so that users can achieve prosthetic rehabilitation more quickly.

Accessibility refers to the factors that facilitate or hinder the use of health services by people²¹. Data from this study demonstrate a significant association of this component with variables related to self-perception of oral health, showing lower scores among users who reported having had pain during the period ($p=0.021$) and those who felt dissatisfied with their oral health ($p<0.001$). Low averages of this component indicate the challenge of overcoming access barriers in the reality of public services.

Self-perception in oral health is a factor that directly influences users' search for health services. Both the presence of dental pain and dissatisfaction with oral health are conditions that present themselves as subjective factors that motivate people to seek dental care. Ensuring regular access and adopting prevention and monitoring strategies for oral diseases results in better health perception for users²²⁻²⁴.

In practice, it is observed that a small portion of the population makes regular dental visits, which contrasts with the high prevalence of cavities and treatment needs, in addition to not favoring preventive methods in oral health. It is worth noting that it is common for users to associate seeking care with the presence of symptoms, seeking immediate intervention with the aim of pain relief. Therefore, the dentist must be able to motivate their patients to undergo longitudinal follow-up, encouraging them to adhere to comprehensive and preventive dental treatment²⁴⁻²⁶.

The municipality of the study has its own Oral Health Protocol, based on the Guidelines for Dental Care in the Context of COVID-19, which considers dental pain a priority care in any pandemic scenario²⁷. However, at the moment, there are no extended hours or weekend services, which makes access difficult, especially in urgent cases. Thus, it becomes evident that there is a need to expand the offer of dental services and the construction of a care network, especially in cases of toothache.

It is noticed, in the attribute "family orientation", a significantly worse evaluation among individuals who experienced pain during the period ($p=0.013$). Tavares *et al.*²⁸ found that individuals who had toothache in the last six months were individuals with higher family risk conditions, addressing the need for the dentist to know the territory to identify the most vulnerable users who need access to services with priority before becoming an acute case that requires emergency care.

The attribute "care coordination" is subdivided into two items in the research instrument used: care integration and information system⁶. In this study, the scores of the information system component showed an increasing behavior according to the number of consultations, remaining above the cutoff point in the group of people with more than five consultations in one year^{7,18}.

The municipality of the research has its own Health System, which includes all the registration information of users and services provided, in addition to the electronic medical record shared with all services offered by the care network. Users with regular access are more familiar with work processes and benefit from other attributes, resulting in a better perception of service quality⁴. Fact observed in the evaluation of this component.

Another important factor to be considered regarding the knowledge of information systems is Health Literacy (HL), which refers to the individual's ability to access and understand health information. Users with higher health literacy have more cognitive conditions to

know where to search and understand the meaning of information, resulting in a greater ability to evaluate attributes²⁹.

To evaluate the attribute "completeness", we have the components available services and provided services⁶. The scores related to the item available services were associated with the variable "number of residents in the household" ($p=0.027$), and the average was only low when the interviewed user lived alone (6.48).

The communication of the health team with the users and their families promotes greater dissemination and, consequently, better knowledge of the population regarding the services offered in PHC³⁰. Shared experiences among family members may have contributed to the results found.

On the other hand, the evaluations of the provided services component were below the cutoff point in all subgroups, with worse evaluations for elderly individuals ($p=0.006$). The significantly lower assessment among the elderly may reflect a difficulty transmitting or absence of health guidelines during the dental consultation.

As limitations of the study, it is worth highlighting the difficulty of comparisons with other realities due to the scarcity of works on this theme, in addition to the gratitude bias that can influence the evaluations of health services due to the fear of losing the right to access the service or the perception of public services as a favor and not as a right. Thus, it is necessary to research other realities. It is worth noting that the data presented cannot be generalized, as they pertain to the services of a municipality with a specific, culturally diverse population.

CONCLUSION

Significant associations with sociodemographic variables, such as income, education, and the number of residents in the household, can be highlighted. Regarding self-perception in oral health, the need for a prosthesis, the number of consultations at the unit, and having a toothache were associated. These variables influenced the average scores given by users in the evaluation of Oral Health services.

The study highlights characteristics associated with users' perception in the evaluation of PHC dental services, providing subsidies for reflection and action on factors that can qualify oral health care. Considering the importance of Oral Health in quality of life, PHC dental services need an organization of work processes that can act resolute, considering sociodemographic diversity and subjective self-perception issues.

ACKNOWLEDGMENTS

Acknowledgment to the Municipal Health Department, which authorized the study. Financial support - Productivity Grant process 306866/2021-6 Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ).

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***Article extracted from the master's thesis:** "QUALIDADE DOS SERVIÇOS ODONTOLÓGICOS DA ATENÇÃO PRIMÁRIA À SAÚDE", Universidade Regional do Noroeste do Estado do Rio Grande do Sul, Ijuí, RS, Brasil, 2023.

Received: 04/09/2023

Approved: 08/06/2024

Associate editor: Dra. Cremilde Radovanovic

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Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Silva DEM da, Colet C de F, Kolankiewicz ACB**. Drafting the work or revising it critically for important intellectual content - **Silva DEM da, Siciliani CC, Desordi JM, Rodrigues F de O, Colet C de F, Kolankiewicz ACB**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Silva DEM da, Colet C de F, Kolankiewicz ACB**. All authors approved the final version of the text.

ISSN 2176-9133



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