

PERSPECTIVES, FEELINGS AND EXPERIENCES OF OMBUDSMEN OF THE UNIFIED HEALTH SYSTEM IN THE EXERCISE OF THE FUNCTION

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ABSTRACT

The objective of the study was to unveil the feelings that permeate the experiences of ombudsmen of the Unified Health System (SUS) in the exercise of the function. This is an exploratory, descriptive study, with qualitative approach, carried out from May to August 2013 with five health service ombudsmen who provide service to the SUS in a large municipality in the south of Brazil. The data collection occurred through recorded interviews, which were submitted to the content analysis of the thematic modality of Bardin. From the statements of the participants, three empirical categories emerged: Ombudsmanship as a management tool; Ombudsman's relationship with the user; and Ombudsmanship onus and bonus in my life. The study shows the importance of the ombudsman's offices in the context of social participation, so that the user is given a voice, becoming an agent of change in the provided assistance, contributing simultaneously to improvements in the context of public health.

Keywords: Defense of the patient. Health services. Unified Health System.

INTRODUCTION

The quality of the service to the users of the health system has been an increasing concern, becoming the focus of attention of public and private service managers. With the growing awareness of users' rights, creating and/or implementing a welcoming space becomes necessary, which, in most cases, is configured as the Ombudsmanship⁽¹⁾.

The possibility of the population being heard by the health services generates a narrowing between the user and the managers, which is of great importance for the planning of strategies to improve the quality of the service. In addition, it triggers the sense of effective participation of the population in social control⁽²⁾. Despite the relevance of the theme, there are still few studies that address its importance to the health scenario.

Both public as private sectors, such as universities, hospitals, the media and financial institutions have ombudsmanships, which may be compulsory or voluntary and operate at all three levels of management, i.e., at the municipal, state and federal levels⁽³⁾.

In the health area, the ombudsmanship process increased with the Brazilian health reform in the 70's and 80's, when new participatory management models and a decentralized administration were adopted, allowing greater involvement of the population in health-related issues². The creation of the Pact for Health, and consequently the Management Pact, started to stimulate the strengthening of social participation and control, being one of its fronts the implementation of the Ombudsman's offices in the states and municipalities, with the purpose of strengthening the strategic management of the Unified Health System (SUS)⁽⁴⁾.

The Ombudsman's Office of SUS are units of strategic importance for the management of the health system, since they enable the dialogue between the society and the different management bodies. They also contribute to the participation of citizens in the evaluation and monitoring of the quality of health services. It also aims to search for improvements in the quality of the services offered to users⁽⁵⁾.

Based on the aforementioned context, the objective of this study is to unveil the feelings that permeate the experiences of ombudsmen of the

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Unified Health System in the exercise of the function.

METHODOLOGY

This is an exploratory, descriptive study, with qualitative approach, carried out with five of the seven health service ombudsmen providing SUS service in a municipality in the south of Brazil. Of the ombudsmen who did not participate in the study, one was on medical leave during the data collection period and the other did not find availability in his schedule for the interview.

In order to identify the Ombudsmanship services in the municipality, an online search was made on the institutional websites, where the telephone numbers of the respective services were found for the use of the population. Thus, through the data found, the first approach to the ombudsmen occurred via telephone.

When researching the management reports of the SUS General Ombudsman's Office, which are available on the Ministry of Health's website (www.saude.gov.br/Ouvidoria), several ways to access the ombudsman's office were found, such as telephone, letter (in person or post office), email and personal service.

Through a participation agreement, the meeting was scheduled according to the availability of the interviewee. All participants signed an informed consent form and the inclusion criterion of the participant in the survey was to be working as an ombudsman for a minimum period of four months.

The data collection took place from May to August 2013 and occurred through a recorded interview, which lasted approximately 60 minutes. Three guiding questions were used to reach the proposed objective, which were: "1 - *What activities do you develop as an ombudsman?*"; "2 - *Comment on how you understand the role of the ombudsman in health institutions*" and "3 - *What are your feelings about exercising the role of ombudsman?*".

After transcription, the interviews were submitted to the analysis of thematic modality according to Bardin⁽⁶⁾, following the three steps: pre-analysis, material exploration and treatment of results with inferences and interpretations. In order to preserve the anonymity of the participants, the interviewees were identified by the letter E (*entrevistado* – interviewee in Portuguese) and by a number following the order of interviews.

The Research Ethics Committee involving Human Subjects of a Public State University approved the development of the study (Opinion No. 572.218 and CAAEE No. 20457913.6.0000.5231).

RESULTS AND DISCUSSION

Five ombudsmen of the Unified Health System were interviewed at different levels of care, represented by four women and one man. The mean age of the subjects was 46 years. All of them have completed tertiary education and work eight hours a day. None of the interviewees had any other employment relationship. The family income of the interviewees ranged from five to ten minimum wages. The most discrepant variable was the time of professional performance as ombudsman, ranging from four months to seven years. Two of the interviewees worked at secondary hospitals, one, at a tertiary, one, at an ambulatory service and one, at a municipal health consortium.

Through the lines of the interviewees, three empirical categories emerged: *Ombudsman as a management tool*; *Ombudsman's relationship with the user*; and *Ombudsmanship in my life as onus and bonus*.

OMBUDESMAN AS A MANAGEMENT TOOL

SUS's ombudsmanship services aim at capturing the demands brought by users, forwarding them to the responsible authorities, and monitoring their outcome⁸. Ombudsmanships, through ethical conduct and respect for the citizen, help as a strategic tool to promote citizenship⁽⁷⁾.

[...]The ombudsmanship is a sector to listen to, welcome and forward. It is a referral sector. I cannot solve the patient's problem [...]. [E5]

[...] In my opinion, the ombudsmanship has to be proactive. Even if we do not solve the people's problem, only by listening to them and guiding them already satisfies them. They may not get their problem solved, but they will know the way it should go. Communication is extremely important; there is a very large communication gap in the health area. The ombudsmanship must serve as a management tool [...]. [E4]

When analyzing the ombudsmanship as a management tool, one perceives that the ombudsmanships establish the role of mediators

between the public health service and the users. Through the speeches of the SUS ombudsmen, we can visualize aspects of connection between the management and the user.

Ombudsmanships can be seen as an effort by the managers to improve the provided services, since they are inserted in the perspective of identifying the problems and difficulties encountered by the users, to heal them and to implement changes in the services if necessary⁽⁸⁾.

For the Ministry of Health, the main objectives of SUS health ombudsmanships are: broadening popular participation by ensuring the listening, analysis and return of the demands; consolidation of a direct channel of communication and listening, preserving secrecy; continuous evaluation of the quality of the services provided; elaboration of managerial reports to subsidize the managers and users in the decision making⁽⁹⁾.

[...] The ombudsmanship at the hospital is fundamental for consolidating citizenship, because through the ombudsman's office the manager will be able to have a reading of his service provision. The ombudsman is fundamental because he is the communication channel, the link between the manager and the user. The ombudsman will be the messenger to the manager. The ombudsman provides the condition for the manager to evaluate his management. The ombudsman is not the one who resolves, he is the one who makes the complaint get there faster [...]. [E1]

In relation to the hospital ombudsmanship service, a study conducted in thirteen health services in Rio de Janeiro, involving several types of institutions, including hospitals, showed that the ombudsmanship service is not properly disclosed and known by the users and that most of them do not have formal evaluation of their users⁽⁹⁾.

The ombudsmen bring important issues developed by the Ombudsmanships, as well as their relevance to the management services. The ombudsmanship, after implementation at the institutions, gives voice to the users, allowing their effective participation in the search for improvements in the health services and consequently the quality of the service provided⁽¹⁰⁾.

The involvement of citizens in health processes through ombudsmen is decisive for effective regulation, strengthening institutional relations between the user and the service, being a space that encourages the exercise of democratization, valuing the subjectivity and rights of the population⁽¹¹⁾.

That the ombudsmanships also receive suggestions, compliments and requests, not just complaints or reports. A study carried out with ombudsmen and users of a geriatric clinic in São Paulo, Brazil, showed that about 80% of the services offered in the years 2008 to 2010 related to the request for information and less than 20% referred to complaints⁽⁸⁾.

[...] The compliments, when they come to us, we send them to the quality sector, which evaluates them and sends to the superintendent, who notifies the professional by sending him/her a letter to know about the compliment [...]. [E1]

Ombudsmanships are also efficient mechanisms for accessing information and clarifying doubts, since a society that has access to health information increases its capacity for action, contributing to social mobilization and improvements in living conditions.

The interviews with the ombudsmen showed that the Ombudsmanship services of the SUS still have many faults. For them, the disclosure is still deficient. A large part of the population does not know the role of ombudsmen in health or even ignore their existence. There is still the idea that the ombudsman's offices only exist to listen to complaints, where the users can talk, but there will be no continuity in their desires. However, the role of ombudsmen goes much further.

There are misconceptions of ombudsmanship by users, especially due to the fact that the ombudsmanship does not have a resolution function, since this study has already described that the ombudsmanship role is to receive, forward and follow up. This explains the lack of credibility and the low demand for the service. The small number of professionals who work with this demand is also noteworthy. As the population is clarified on its true role, more credibility it will gain, and may become more active in its context⁽⁹⁾.

The users of public health services have the right to express themselves and be heard in their complaints, reports, suggestions, needs and other manifestations through the ombudsmanship, always keeping their privacy and confidentiality respected. The user may also report irregularities in services that are affecting health in public and private environments⁽¹²⁾.

Another misconception of the users is to believe that their treatment can be compromised from the

moment they complain. An aspect brought into the speech of an ombudsman:

[...] What makes me sad is the thought of many users that their complaint may negatively influence their treatment, this feeling of fear. They are complaining on their own right and we have to search where we have made a mistake to improve and not to happen again. We have to encourage the population [...]. [E4]

In fact, the population is being inserted in the context of social participation, although still with limitations. However, this participation is effective and decisive. Ombudsmen are contributing to popular demonstrations, giving voice to the user, but the users need to accompany their requests, in order to participate in the process, to see whether their requests are being actually applied.

When the user arrives at a health service, he/she expects that his/her needs are met and that the work process establishes strategies that meet his/her expectations. The satisfaction of the user regarding the offered assistance reflects his/her perception about the quality of the service. These are subjective concepts that challenge the management plans⁽¹³⁾.

Ombudsmanships are relatively new in Brazil, so they are still in the process of structuring. Moreover, the knowledge of the population is weakened, because we live in a centralizing culture, and the users are not used to exercising their social control. Nevertheless, we are on the road to more effective social participation.

OMBUDSMAN'S RELATIONSHIP WITH THE USER

In this category, the ombudsmen reported their perception about the user, the feelings they present in daily contact with the population that seeks them.

[...] The patient is already weakened by being in a hospital environment, sick and alone. So we have to have that perception. Because you serve frail people. We have to take a careful look at the human being who is here, we have to have sensitivity. Put yourself in their shoes. Attending the user with respect, listening to him, guiding him [...]. [E4]

[...] I often feel frustrated, because I would like to be able to do what is not in my domain, but I do not have the autonomy to do it. The ombudsman must have this qualification: welcome and help. Only by receiving the patient here, listening to him, taking what he came for, makes him better out of here [...]. [E5]

The National Participatory Management Policy for SUS emphasizes the adoption of Participatory Management practices, among them, the ombudsmanship, and one of the main objectives is to promote humanization, allowing a direct contact between the user and the manager⁽⁵⁾.

When analyzing the relationship between the ombudsman and the user, the speeches of the ombudsmen show that they sympathize with the users, that there can often be a maternal relationship. However, the user can pass on the idea of satisfaction after being received by the ombudsman, by having an immediate relief of the emotions, assuming that he/she has been heard and comforted, which does not mean that he/she was actually satisfied. These are issues to think over. An appropriate reception of the user is imperative, without compromising the course of care⁽¹³⁾.

Ombudsmen also bring personal fulfillment in their speeches while helping the user. Motivating aspect in the performance of their duties.

[...] I really like what I do. It is my identity, it makes me very well to be able to help someone else. Helping the other makes you feel good. And whenever a fact happens that I can help someone, I leave here very well. You end up creating more love within you [...]. [E5]

[...] The complaints of a person arrive here after they have exhausted all their possibilities, that is, when she comes here as if it were the last place for her. This is the last call for help. The ombudsman's office is very gratifying... it makes us like each other, you put yourself in the other's shoes [...]. [E1]

[...] I have great satisfaction when I can help those who are looking for us. Not only for personal satisfaction, but for seeing that our institution is helping to help people, to solve their problem. When you see the satisfaction in people's eyes, when you receive the smile and a "thank you", for me this is everything [...]. [E4]

All the ombudsmen, in their speeches, referred to the importance of helping those who seek them. Where the main limitations of daily life refer to non-governability in the face of the anxieties brought by the population. This can be explained by the fact that the ombudsmen do not solve, but they refer.

The lack of autonomy was also present in the speeches, impotence in the face of the other's suffering, being an indication of poor quality of life at work, consequently contribute to the existence of

feelings such as frustration and dissatisfaction in the ombudsman⁽¹⁴⁾.

Regarding users' opinions about the ombudsman's office, a study carried out at a federal public institution in Rio de Janeiro-RJ showed that health users recognize it as an instrument to claim their constitutional rights, and see the possibility of using this service as a means of social participation⁽¹⁵⁾.

OMBUDSMANSHIP ONUS AND BONUS IN MY LIFE

In this third category, the ombudsmen had the opportunity to report what the function as Ombudsman of the SUS brought to their lives. They were able to expose the difficulties of being an ombudsman, as well as the contributions that this activity has brought to their lives. All the ombudsmen, in their speeches, have said that they play a very important role in society, and how they feel fulfilled in performing this function. Everyone reported being professionally satisfied, and did not think about changing their profession.

Some of the most experienced ombudsmen, in their speeches, showed that, in the beginning, due to the insertion process, they encountered difficulties due to the dynamics that the work demanded.

[...] At first, I had great difficulty. The ombudsman needs an escape valve, go to the gym, do yoga, go for a walk... otherwise he will get sick. I ate too much, I could not process it all, I gained ten pounds in the first year. Because I suffered more than the patient, and in fact I brought everything to me. Hence, I realized that it was not right, otherwise I would get sick [...]. [E1]

[...] When I started working here, I felt very sad when I came across situations that I could not solve. But today I see that there is always a light in the background [...]. [E5]

As previously presented, the user seeks a good reception and resolution in the health services. However, many times, this may not happen, resulting from the structural and human resources difficulties of the institutions. This aspect contributes to discredit the user regarding the institution and the professionals involved. For the worker, it is a source of suffering at the workplace⁽⁸⁾.

The great demands of the service often contribute to characterize norms and routines as more important than the patient, which leaves the assistance increasingly mechanized. Situations of

tensions, demands and conflicts existing in the context of work related to the care provided, cause distress, stress, suffering and wear.

Ombudsmanships often deal with unsatisfied users, demanding a different listening for the fragilities brought. Ombudsmen, meanwhile, daily mediate conflicts, deal with the suffering of patients and their families, and are directly involved in the emotional contexts of each case.

However, when faced with these difficulties, they create strategies to minimize the negative effects of work, which, in their case, mainly affected emotional aspects.

[...] I like to take the kids and go for a walk. From time to time, I go to a massage therapy to relax. Or when I am very stressed out here I call my husband and tell him I am going by bus. Incredibly, it relaxes me. I learned not to discuss work at home. We do not talk about the hospital at home. It is as if I unplug myself when I get home [...]. [E1].

[...] I cannot bear the suffering of the other who is here, because it is not my problem. I try to separate this. When I leave, I always try to leave the problems. It is not easy for you not to carry within yourself what is hurting the other person. It is very difficult, you have to be very balanced. Because if you absorb everything you find here you get sick too [...]. [E5]

The work corresponds to the greatest factor of production of the feeling of social integration, because, in this space, relations of mutual exchange between the involved subjects are established, contributing to the development and complementation of the identity, besides constituting psychic life⁽¹⁶⁾. When daily dealing with the users of health services, the ombudsman experiences hundreds of situations related to the social context of the population, occasionally interfering in the life and feelings of the professional.

The work process comes with professional suffering, which is inherent to its condition. However, the authors argue that it can be both a source of pleasure for human development as an illness for the individual. The defensive strategy that prevents the transformation into pathology will determine the intensity of the suffering⁽¹⁶⁾.

Other weaknesses, such as frustration and impotence, also appeared in the speakers' speeches.

[...] The frustration of wanting to do more and not being able to, because it does not depend on us. We get too caught up in the system, they are things that you do not have the autonomy to do [...]. [E5]

[...] Sometimes, the service is stressful. Imagine several people coming to you always in trouble. So of course there are days that are more difficult, which influence my day with not so good aspects [...]. [E3]

[...] I know it is difficult, there are times when you become sensitized, impotent, that you feel fragile [...]. [E4]

Ombudsmanships, for having a referral character, deal with the lack of professional autonomy, which can contribute to the emergence of feelings such as impotence and frustration in the ombudsmen. It is also worth mentioning the importance of the State participation in the regulation of public and private institutions, especially in the management of work, and in the planning and distribution of the health workforce⁽¹⁷⁾. However, the work also allows positive feelings, such as professional and personal fulfillment, as well as contribution to society and institution⁽¹⁶⁾.

Although there are difficulties dealing with the other, with the fragile individual seeking an ombudsman's office, there are positive and rewarding experiences for the ombudsmen present in the five ombudsmen's statements.

[...] I like the ombudsmanship because I think it is a way to be helping the service to improve. I really like the hospital. I really like what I do. The good points are many [...]. [E2]

[...] I love what I do. I could have retired but I want to continue for a while, because I love what I do. The fact that I can solve a problem gives me the strength to continue. It is a very rewarding job. [...]. [E4]

Corroborating the idea that however difficult the difficulties, the ombudsmen always seek a positive vision, they try to improve. There are authors who show that the modernizing aspect that inspires a significant part of our Ombudsman's Office focuses on effectiveness, incessantly seeking to improve public services⁽³⁾.

We expect that the study may contribute to the

stimulation and implantation of new health ombudsmanships, as well as greater discussions about the theme, in order to contribute to the population's instrumentality in social participation. It is also important to mention that nurses listen to users' complaints and work together with the health service ombudsmen to provide better care quality.

FINAL CONSIDERATIONS

The statements of the ombudsmen allowed establishing a parallel between the objectives that govern the ombudsmanship services and the experiences lived by the professionals who listen to SUS users. Health ombudsmanships are important as a management tool, contributing to the consolidation of the link between population and the service, reinforcing the strategy as a tool that enables health managers to have an overview of the quality of the provided care, and, thus, to establish better conditions for planning their actions.

One can also consider the positive aspects of social participation through the ombudsmanships, where the user is given a voice, becoming an agent of change in the provided assistance, contributing simultaneously to improvements in the context of public health.

The weaknesses in the public health services interfere with the demand of the ombudsmanship, as well as the ombudsman's work process, being the main causes of frustrating feelings among them. The reports showed the influence of the activities developed in the ombudsman's office in the personal and familiar context of each ombudsman, as well as positive feelings derived from the ombudsman-patient relationship, evidencing the feeling of helping others and professional achievement.

Although this is a qualitative study, the incorporation of more participants would enrich the results found.

PERSPECTIVAS, SENTIMENTOS E VIVÊNCIAS DE OUVIDORES DO SISTEMA ÚNICO DE SAÚDE NO EXERCÍCIO DA FUNÇÃO

RESUMO

O objetivo do estudo foi desvelar os sentimentos que permeiam as vivências de ouvidores do Sistema Único de Saúde (SUS) no exercício da função. Trata-se de uma pesquisa exploratória, descritiva, de abordagem qualitativa, realizada no período de maio a agosto de 2013, com cinco ouvidores de serviços de saúde que prestam atendimento ao SUS em um município de grande porte no sul do Brasil. A coleta de dados deu-se por meio de entrevistas gravadas e posteriormente submetidas à análise de conteúdo na modalidade temática de Bardin. A partir das falas dos participantes, emergiram três categorias empíricas: Ouvidoria como um instrumento de gestão; Relacionamento do ouvidor com o usuário; e Ônus e bônus da ouvidoria em minha vida. Pode-se concluir a importância das ouvidorias no contexto da participação social, de modo que é

dado voz ao usuário, que se torna agente de mudança da assistência prestada, contribuindo concomitantemente para melhorias no contexto da saúde pública.

Palavras-chave: Defesa do paciente. Serviços de saúde. Sistema único de saúde.

PERSPECTIVAS, SENTIMIENTOS Y EXPERIENCIAS DE DEFENSORES DEL SISTEMA ÚNICO DE SALUD EN EL EJERCICIO DE LA FUNCIÓN

RESUMEN

El objetivo del estudio fue mostrar los sentimientos que comprenden las experiencias de defensores del Sistema Único de Salud (SUS) en el ejercicio de la función. Se trata de una investigación exploratoria descriptiva de abordaje cualitativo, realizada en el período de mayo a agosto de 2013 con cinco defensores de servicios de salud que prestan atención al SUS en un municipio de gran tamaño en el sur de Brasil. La recolección de datos se dio por medio de entrevistas grabadas y posteriormente sometidas al análisis de contenido modalidad temática de Bardin. A partir de los relatos de los participantes surgieron tres categorías empíricas: Defensoría como un instrumento de gestión; Relación del defensor con el usuario; y Deducciones y bonificaciones de la defensoría en mi vida. Se puede concluir la importancia de las defensorías en el contexto de la participación social, así es dado voz al usuario, y este pasa a volverse agente del cambio de la atención prestada, contribuyendo simultáneamente para las mejoras en el contexto de la salud pública.

Palabras clave: Defensa del paciente. Servicios de salud. Sistema único de salud.

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