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Article

Evaluation of dental services from the perspective of SUS users: a scoping review

Avaliação dos serviços odontológicos na perspectiva dos usuários do SUS: uma revisão de escopo

Evaluación de los servicios odontológicos desde la perspectiva de los usuarios del SUS: una revisión de alcance

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Abstract

Objective: to map the scientific literature on the evaluation of dental services provided by the Brazilian Unified Health System from the users' perspective. **Methodology:** a scoping review was conducted, encompassing primary research and review studies published between 2000 and 2025, in Portuguese, English, and Spanish. The evidence search was carried out in September 2025 across the SciELO, LILACS, Oasisbr, and MEDLINE (PubMed) databases. Data extraction was performed using a structured form in Google Docs. **Results:** thirteen articles were included in the review, all conducted in the Brazilian context, with a predominance of quantitative cross-sectional designs. Users demonstrated high overall satisfaction with dental services, associated primarily with the professional-patient bond, humanized reception, and treatment resoluteness. The subjective perspective of users reveals that satisfaction and exclusion may coexist within the same care trajectories. Critical gaps were identified in the evaluation of tertiary care services and in the conduct of studies with longitudinal designs. **Conclusion:** further studies are recommended to deepen the interfaces between satisfaction, access, resoluteness, and equity, with particular focus on vulnerable groups, so that SUS dental services may advance not only in overall satisfaction levels, but also in reducing inequities and in the realization of the right to oral health.

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Keywords: Health Services Evaluation; Oral Health Services; Patient Satisfaction; Unified Health System.

Resumo

Objetivo: mapear a literatura científica sobre a avaliação dos serviços odontológicos do Sistema Único de Saúde na perspectiva dos usuários. **Metodologia:** realizou-se uma revisão de escopo na qual foram incluídos estudos de pesquisas primárias e revisão, publicados entre 2000 e 2025, nos idiomas português, inglês e espanhol. A busca por evidências foi realizada em setembro de 2025 nas bases de dados SciELO, LILACS, Oasisbr e MEDLINE (via PubMed). A extração foi realizada utilizando um formulário estruturado no Google Docs. **Resultados:** foram incluídos 13 artigos na revisão, todos conduzidos em cenário brasileiro, com predominância de desenhos transversais quantitativos. Os usuários demonstraram elevada satisfação global com os serviços odontológicos, associada principalmente ao vínculo com o profissional, acolhimento e resolutividade do tratamento. A perspectiva subjetiva dos usuários revela que satisfação e exclusão podem coexistir nas mesmas trajetórias de cuidado. Identificaram-se lacunas críticas na avaliação de serviços de atenção terciária e na realização de estudos com delineamento longitudinal. **Conclusão:** recomendam-se novos estudos que aprofundem as interfaces entre satisfação, acesso, resolutividade e equidade, com enfoque particular em grupos vulnerabilizados, para que os serviços odontológicos do Sistema Único de Saúde avancem, não apenas em níveis globais de satisfação, mas também na redução de iniquidades e na efetivação do direito à saúde bucal.
Palavras-chave: Avaliação de Serviços de Saúde; Serviços de Saúde Bucal; Satisfação do Paciente; Sistema Único de Saúde.

Resumen

Objetivo: mapear la literatura científica sobre la evaluación de los servicios odontológicos del Sistema Único de Salud desde la perspectiva de los usuarios. **Metodología:** se realizó una revisión de alcance en la que se incluyeron estudios de investigación primaria y revisión, publicados entre 2000 y 2025, en los idiomas portugués, inglés y español. La búsqueda de evidencias se llevó a cabo en septiembre de 2025 en las bases de datos SciELO, LILACS, Oasisbr y MEDLINE (vía PubMed). La extracción de datos se realizó mediante un formulario estructurado en Google Docs. **Resultados:** se incluyeron 13 artículos en la revisión, todos conducidos en el contexto brasileño, con predominio de diseños transversales cuantitativos. Los usuarios manifestaron una elevada satisfacción global con los servicios odontológicos, asociada principalmente al vínculo con el profesional, la recepción humanizada y la resolutividad del tratamiento. La perspectiva subjetiva de los usuarios revela que la satisfacción y la exclusión pueden coexistir en las mismas trayectorias de atención. Se identificaron brechas críticas en la evaluación de los servicios de atención terciaria y en la realización de estudios con diseño longitudinal. **Conclusión:** se recomiendan nuevos estudios que profundicen las interfaces entre satisfacción, acceso, resolutividad y equidad, con especial énfasis en los grupos en situación de vulnerabilidad, para que los servicios odontológicos del SUS avancen no solo en los niveles globales de satisfacción, sino también en la reducción de inequidades y en la efectivización del derecho a la salud bucal.
Palabras clave: Evaluación de Servicios de Salud; Servicios de Salud Bucal; Satisfacción del Paciente; Sistema Único de Salud.

Introduction

The movements for health reform in Brazil, which intensified between the 1960s and 1970s with the onset of the Brazilian dictatorship, sought to improve living conditions for the country's populations, who suffered under divisive healthcare systems that offered no guarantee of social rights. The end of the military regime in 1985 and the ongoing surge of social movements advocating

for the implementation of universal public policies and systems focused on community care drove the reorganization of the State. This change assigned social participation — the role of an organizational guideline for public health actions and services, as established by the new Federal Constitution of 1988[1,2].

The regulation of the Unified Health System (SUS) by Law No. 8,080 of 1990[3] was a precursor in guaranteeing social participation in public health actions and services, an aspect later consolidated by Law No. 8,142 of 1990[4]. The latter established two fundamental mechanisms for public participation: the Health Councils, responsible for community representation in the formulation of strategies and the oversight of health policy implementation; and the Health Conferences, focused on evaluating and proposing guidelines for public policies at the federal, state, and municipal levels[5].

In this context of strengthening social participation, the National Oral Health Policy (PNSB) — the Smiling Brazil Program, launched in 2004, brings dental health services closer to the community, reorganizing their provision through the Unified Health System (SUS) by implementing Oral Health Teams (ESB) within the Family Health Strategy (ESF), shifting from a curative and clinical model to one focused on prevention, promotion, and restoration of health. In addition to expanding access to dental treatments, the PNSB reaffirms the improvement of quality of life as a fundamental objective[6].

Against this backdrop of prospects, the ESF establishes itself as a space for the provision of care that includes, among its attributes, the integration of communities — as territories of practices and knowledge — in the identification of problems, planning, and participation in the evaluation processes of health services[7].

Complementing this political-institutional framework, Ordinance No. 648/GM[8] of March 28, 2006 establishes the National Primary Care Policy (PNAB) and expands the scope of health services, emphasizing promotion, protection, prevention, diagnosis, treatment, recovery, harm reduction, rehabilitation, and health maintenance as a set of actions to be adopted at both the individual and collective levels[9].

It reinforces, as a fundamental principle, the shared responsibility of users in health actions and in the continuity of care based on building relationships, monitoring health interventions, adjusting behaviors, as well as coordinating, guiding, and organizing health services[10]. It highlights the democratic shared responsibility among managers, workers, social representatives, and users of public health services[11], in which strategic decision-making, policy implementation, and the development of health-oriented actions with broad social participation tend to achieve greater effectiveness, since communities, as users of health services, are the ones with direct knowledge of their realities[12].

Given the centrality of social participation in the health policies presented, health evaluations emerge as instruments capable of giving voice to this participation. According to Menezes Filho and Komatsu[13], health evaluations are resources that allow for the identification of real-world situations and contribute to decision-making, with their main characteristics being a focus on the analysis of data relevant to health and the transformation of this data into useful information that aids in the maintenance or reformulation of services. Thus, it is an important tool for strategic development because it incorporates the perspectives of managers, health professionals, and users. Of particular note is the inclusion of users in health evaluation processes, as it considers aspects from the patient's

perspective, strengthening social control and community participation in decision-making, acting as valuable indicators of service quality and organization, and enabling an understanding of specificities and needs in different contexts[14,15].

In particular, evaluation processes based on the users' perspective, in addition to serving as indicators of the quality of health services, act as a reference for generating information on access, waiting times, reception, and service organization, being useful for both management and health professionals. This information enables the monitoring of tasks performed and the planning, control, and direction of changes necessary for the improvement of care[16]. Furthermore, incorporating subjective aspects into the evaluation of health services allows for the observation of the professional-patient relationship through the analysis of factors such as reception at the service, interpersonal communication, professionals' interest in treatment, active listening, and trust[17]. Thus, evaluation processes consider the principles and guidelines of the SUS and serve as a management tool to guide the implementation and applicability of public policies that promote the well-being of populations[18].

Considering, therefore, the relevance of the users' perspective as a tool for improving public oral health services, this exploratory review aimed to map the scientific literature on the evaluation of SUS dental services from the users' perspective, describing characteristics, identifying outcomes, and analyzing contexts.

Methodology

A scoping review was conducted, and its protocol was registered in the international registry of systematic reviews, PROSPERO, under registration number CRD420251133847 (PROSPERO ID). This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist[19].

The eligibility criteria were developed using the PCC (Population, Concept, Context) strategy, as guided by the Joanna Briggs Institute protocol[20]: P - Population (users of SUS dental health services); C - Concept (characteristics of dental service evaluations), C - Context (Brazilian public health system – SUS, from the users' perspective).

The following inclusion criteria were considered: primary research studies (quantitative, qualitative, and mixed-methods) and reviews available in full-text and free access; in Portuguese, English, and Spanish; published between 2000 and 2025, justified by the reorganization of public dental services in Brazil beginning in 2000. Duplicate studies or those with unavailable full texts, available in other formats and languages, or outside the time frame, as well as theses, dissertations, and final course projects, were excluded. Thus, the study was guided by the following research question: What are the characteristics and scope of the existing literature on the evaluation of SUS dental services from the perspective of the users of these services?

Data collection was conducted in September 2025. Searches were performed in the following databases: SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature in Health Sciences), Oasisbr (Brazilian Portal of Open Access Scientific Publications and Data), and MEDLINE (via PubMed).

Search strategies were executed using exact terms from controlled vocabulary found in the "Descritores em Ciências da Saúde (DeCS) da Biblioteca Virtual em Saúde (BVS)" and their respective terms in English and Spanish. The Boolean operator AND was used to identify the most

relevant studies specific to the topic, and the Boolean operator OR was used to broaden the search for studies on the evaluation of oral health services. No filters were applied in any database. Table 1 presents the strategies used in the study, including considerations specific to each database.

Table 1. Search strategies for the scope review databases, conducted in 2025

Databases	Search strategies	Considerations
SciELO	**Strategy 1 -** Health Services Evaluation AND Oral Health Services AND Patient Satisfaction AND Unified Health System / Health Services Research AND Dental Health Services AND Patient Satisfaction AND Unified Health System / Health Services Evaluation AND Oral Health Services AND Patient Satisfaction AND Unified Health System **Strategy 2 -** Health Services Research OR Patient Satisfaction AND Dental Health Services AND Unified Health System / Health Services Research OR Patient Satisfaction AND Dental Health Services AND Unified Health System / Health Services Research OR Patient Satisfaction AND Dental Health Services AND Unified Health System	The “Advanced Search” option was used for Boolean operators, and the “All indexes” option was selected for each added term.
LILACS	**Strategy 1 -** Health Services Evaluation AND Dental Health Services AND Patient Satisfaction AND Unified Health System / Health Services Research AND Dental Health Services AND Patient Satisfaction AND Unified Health System / Health Services Evaluation AND Dental Health Services AND Patient Satisfaction AND Unified Health System **Strategy 2 -** Health Services Evaluation OR Patient Satisfaction AND Oral Health Services AND Unified Health System / Health Services Research OR Patient Satisfaction AND Dental Health Services AND Unified Health System / Health Services Evaluation OR Patient Satisfaction AND Dental Health Services AND Unified Health System	The “Advanced Search” option was used for Boolean operators, and the “Title, abstract, subject” option was selected for each added term, as well as the “LILACS Plus Collection” tab.
Oasisbr	**Strategy 1 -** Health Services Research AND Dental Health Services AND Patient Satisfaction AND Unified Health System / Health Services Research AND Dental Health Services AND Patient Satisfaction AND Unified Health System / Health Services Evaluation AND Dental Health Services AND Patient Satisfaction AND Unified Health System **Strategy 2 -** "Health Services Evaluation" OR "Patient Satisfaction" AND Dental Health Services AND Unified Health System / "Health Services Research" OR "Patient Satisfaction" AND Dental Health Services AND Unified Health System / “Evaluación de Servicios de Salud” OR “Satisfacción del Paciente” AND Dental Health Services AND Unified Health System	The “Advanced Search” feature was used, along with the options “All fields” (for each added term) and “All terms” (search match). Oasisbr automatically uses AND as the default operator between the terms in the search. The Boolean operator OR was used in uppercase between one term and another, enclosed in quotation marks.

MEDLINE	**Strategy 1 -** Health Services Research AND Dental Health Services AND Patient Satisfaction AND Unified Health System **Strategy 2 -** Health Services Research OR Patient Satisfaction AND Dental Health Services AND Unified Health System	The "Simple Search" option was used for Boolean operators, employing only English terms since this is a database from the United States of America (USA).

Source: Authors.

The studies were selected using the Zotero reference manager. The Zotero Connector extension was applied in the Google Chrome browser to index, within the *software*, the studies found using the established strategies. Duplicate studies were removed using Zotero's "duplicate items" tool, but manual inspection was necessary for removal, as Zotero may fail to recognize the same study as a duplicate due to changes in translated terms, errors in metadata entry, or typos, resulting in them being counted as separate records. An inspection was therefore conducted based on the author, date, and title fields.

After removing duplicates, the studies were evaluated based on their titles and abstracts, considering eligibility and relevance to the study's objective. Those that passed the title and abstract screening had their texts read in detail to confirm eligibility, and the reasons for exclusion at this stage were documented. Two reviewers (MS, TM) carried out this process.

The data extraction process for eligible studies was conducted using a structured data mapping form (data charting form), developed by the authors specifically for this review, divided into sections A, B, and C to facilitate the identification and description of the extracted data. Section D was used for additional comments, if necessary. The Google Docs platform was used to complete the form, configured as an interactive table with an access link for each study uploaded in PDF format, facilitating the reading and data entry processes using Google Chrome's split-view tab. One reviewer (MS) performed the data extraction, and another reviewer (TM) verified and reconciled the data.

The data extraction stage was systematized using a collection form structured into three key sections. In Section A, bibliographic information was collected, including the study ID, title, authorship, year of publication, journal, and the country where the research was conducted. Section B was dedicated to the methodological characterization of the evidence sources, including a description of the objectives and the methodological design adopted in each study. Finally, Section C focused on synthesizing the main findings, providing an objective and y summary of the results obtained. This process aimed to ensure standardization and reliability in the analysis of the variables selected for this scoping review.

In accordance with the PRISMA-ScR[21] guidelines, no assessment of methodological quality or risk of bias was performed for the included studies. This decision is based on the exploratory nature of the present review, whose central objective is to map the literature on the participation and perspectives of SUS users in evaluation processes of dental services. The focus of the study lies in identifying the outcomes and describing the characteristics of these participatory processes, prioritizing the comprehensiveness of the mapping and the diversity of contexts over the hierarchical classification of evidence.

The data collected from the included studies were organized and grouped into a table through descriptive analysis. The presentation of the results is combined, using a descriptive narrative

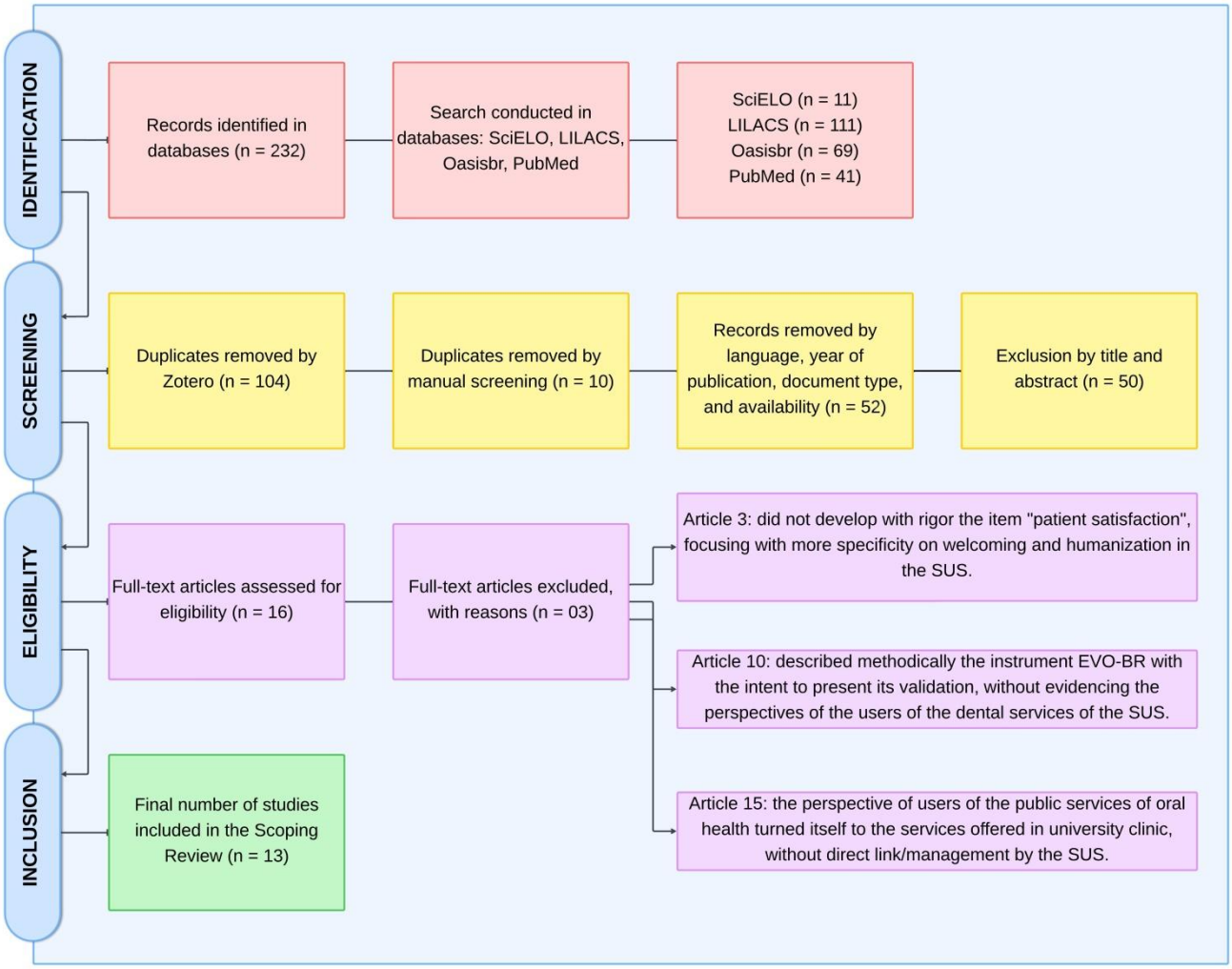
highlighting the main findings, trends and knowledge gaps evidenced by the mapped data, complemented by the use of figures to presente the processes and concepts identified from the studies in a clear and visual manner.

This manuscript used Perplexity AI Pro for translation and Gemini Pro for data review and analysis, enabling the structuring of the syntheses of results and evidence, with full verification and validation by the authors.

Results and Discussion

Using search strategies in the SciELO, LILACS, Oasisbr, and PubMed databases, 232 records were identified. After excluding duplicate records (114) and those that did not meet the inclusion criteria (52), 66 remained for review of titles and abstracts. After review, 50 records were removed because they were unrelated to the topic, did not address the research question, and were far removed from the proposed objective. Therefore, 16 articles were read in full, of which three were excluded because they did not fall within the scope of the review, that is, they did not present the evaluative perspectives of users of SUS dental services. Thus, 13 articles that met the eligibility criteria and answered the research question were included in the review, as shown in Figure 1.

Figura 1. Flowchart for the inclusion of studies in the scoping review



Source: Authors, according to the criteria of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)[21].

Table 2 describes the data collected from the studies included in the review, covering the variables assigned to sections A and B for bibliographic information and study characteristics, respectively, and presents descriptive summaries of the main findings related to section C.

Table 2. Bibliographic information, study characteristics, and main findings of the studies selected in the scoping review

ID/Title	Author(s)/ Year	Journal/ Country	Objective(s)	Methodology	Main findings
[1] "Satisfaction, Resolution, and Social Participation of Users of Centers for Dental Specialties in Brazil: A PMAQ-CEO Analysis"[22]	Cavalcanti; Cardoso; Padilha, 2018	Brazilian Journal of Pediatric Dentistry and Integrated Clinical Practice, Brazil	To describe user satisfaction, resolution, and social participation regarding the services offered at Centers for Dental Specialties (CEOs) in Brazil.	A cross-sectional, observational study using data from the PMAQ-CEO external evaluation instrument (AVE-PMAQ-CEO) obtained during the first phase of the program, conducted in 2014. Data from the user evaluation were also used, specifically Module III of the AVE-PMAQ-CEO, based on interviews with 8,897 users of the CEOs.	High satisfaction (95.3%) regarding cleanliness, facilities, and care at Dental Specialty Centers (CEOs), although shortcomings persist in the formalization of referrals and limited knowledge of social control mechanisms.
[2] "User satisfaction with public dental services in Brazil: a systematic review"[23]	Domingues *et al*., 2020	Research, Society and Development, Brazil	To measure the level of satisfaction with public dental services within the SUS.	Systematic review, including only observational, quantitative studies that assessed satisfaction with primary oral health services in the Unified Health System. The search was unrestricted by year, language, and publication status, with 11 records considered eligible for review, involving a total of 4,131 users.	Systematic review indicating an overall satisfaction rate of 85.43%, with a predominance of female users and variability in the use of assessment instruments (such as QASSaB and PMAQ).
[3] "Contextual and individual factors associated with dissatisfaction with dental care in the National Health System in Brazil"[24]	Gonçalves *et al*., 2021	Science & Public Health, Brazil	To assess the influence of contextual and individual factors associated with the dissatisfaction of SUS users with the care provided by dental surgeons in the Primary Health Care system.	A cross-sectional, multilevel study using data collected by the SUS General Ombudsman's Office via telephone interviews between June 2011 and January 2012. A total of 2,331 individuals from 61 municipalities were included in the final sample.	79.0% satisfaction with SUS dental services. The study identifies that unmet demand increases the likelihood of dissatisfaction sevenfold. Factors such as waiting times exceeding 4 hours and residence in the North region negatively impact user perception.

[4] “Changes, Desire, Fear and Beliefs: Women’s Feelings and Perceptions About Dental Care During Pregnancy”[25]	Castro *et al*., 2025	International Journal of Environmental Research and Public Health, Brazil	To assess the perceptions of pregnant women receiving prenatal care regarding oral health and the use of dental services during pregnancy at public health facilities in a Brazilian city.	A qualitative, interview-based study conducted in collaboration with the Professional Master’s Program in Dental Public Health at the Universidade Federal de Minas Gerais (UFMG) and the Unified Health System (SUS). A total of 25 pregnant women receiving prenatal care in the public health system of the city of Mariana (MG) participated in the study.	Among pregnant women, humanized care and health education reduce anxiety, but organizational barriers and myths about treatment during pregnancy still hinder access.
[5] “Assessment of user satisfaction with Dental Specialty Centers in the Southeast macro-region of Minas Gerais, 2013”[26]	Kitamura *et al*., 2016	Epidemiology and Health Services, Brazil	To assess the satisfaction of users treated at Dental Specialty Centers (CEOs) in eight municipalities of the Southeast macroregion of Minas Gerais, Brazil, in 2013.	A cross-sectional evaluation study using a survey. The interview form was designed in structured sections, the first relating to demographic data, and the second part of the form consisted of the Questionnaire for Assessing User Satisfaction with Oral Health Services (QASSaB). A total of 256 patients participated in the study.	Satisfaction of 86.7% among patients in Minas Gerais, strongly associated with positive self-perception of oral health and the care provided by the dentist.

[6] “Connecting knowledge and practice: specialization course in dentistry in public health at the Brazilian Unified Health System — a journey of transformative integration”[27]	Pereira; Palacio; Ribeiro, 2025	BMC Medical Education, Brazil	To understand the teaching-learning process from the perspective of faculty, students, preceptors, administrators, and the community through a postgraduate internship in Public Health Dentistry, based on the educational strategy of integrating teaching, service, management, and community within the SUS framework in São Paulo, Brazil.	Descriptive qualitative-quantitative empirical study. The settings for this activity were the territories assigned to the Primary Health Care Services in the neighborhoods of Campo Limpo and Vila Andrade, in the southern region of the city of São Paulo, Brazil. In addition to the other participants, 19 residents from the communities assigned to these units participated in the study. The study was conducted using a semi-structured questionnaire, document analysis, and focus groups.	The integration of graduate students into PHC is viewed positively by the community (78.9% consider the service to be better), although the user is still positioned as a passive agent in the care process.
[7] “Perceptions of primary health care service users regarding dental team practices in Brazil”[28]	Baumgarten *et al*., 2018	Primary Health Care Research & Development, Brazil	To explore and analyze the perceptions of SUS users regarding the implementation of active searches for patients who have missed appointments, care provided by the same dentist, and information received about self-care in oral health, across the five Brazilian geographic macroregions.	A nationwide cross-sectional exploratory study on public health services. Data were collected through the second cycle of the National Program for Improving Access and Quality of Primary Care (PMAQ). The study was conducted between 2012 and 2014. All participants were interviewed in the waiting rooms of health care facilities. A total of 37,262 users of prim y dental care and treatments offered by the Unified Health System (SUS) were evaluated.	Consistent and positive perceptions (82–90%) were observed across all regions of Brazil, with particular emphasis on the importance of continuity of care (being treated by the same dentist) and receiving guidance. Long-term continuity of care and the provision of preventive guidance are the attributes most valued by PHC users.

[8] “The social value of teeth and access to dental services”[29]	Fonseca; Nehmy; Mota, 2015	Ciência & Saúde Coletiva, Brazil	To understand the experiences and expectations of women who use SUS dental services regarding their oral health and that of their family members, as well as their perceptions regarding access to dentists in public services.	Qualitative field research conducted in Diamantina, MG. The research subjects were women who used the two Family Health Program (ESF) units offering dental care services and the CEO. Data collection took place from May to July 2012. Fifteen users of dental services at the Palha, Vila Operária, and CEO health units were interviewed.	A qualitative study revealing that historical exclusion and the social/aesthetic value of teeth shape demand. The SUS is valued for improvements in access for children, but is viewed as insufficient for complex restorative needs, highlighting difficulties in accessing services.
[9] “User satisfaction with public oral health services in the Brazilian Unified Health System”[30]	Amorim *et al*., 2019	BMC Oral Health, Brazil	To investigate differences in user satisfaction with oral health services according to users’ sociodemographic profiles and the quality of oral health services in Primary Health Care in Brazil.	An analytical study using secondary public data from the external evaluation of the second cycle of the PMAQ-AB, conducted between 2013 and 2014, involving 5,072 Brazilian municipalities and 19,946 oral health teams. Data were obtained through interviews with four health service users at each primary care unit. The study included data from participants who used oral health services at primary care units, totaling 37,262 users.	65.51% of users were satisfied with dental services. A robust population analysis linked higher satisfaction to users with lower educational attainment, Bolsa Família beneficiaries, and older adults, while also highlighting the importance of accommodating walk-in patients. Satisfaction increases with age and decreases with educational level. Attributes such as privacy, sufficient consultation time, and documentation in medical records enhance perceived quality.

[10] “Oral Health for Patients with Special Needs: Evaluative Research of the Dental Specialties Centers”[31]	Gavina *et al*., 2018	Portuguese Journal of Public Health, Brazil	To evaluate the Dental Specialty Centers (CEO) in the mountainous region of the State of Rio de Janeiro, based on the satisfaction of users with special needs and their companions regarding the services provided at these facilities.	A descriptive, cross-sectional study with exploratory and evaluative characteristics of a qualitative and quantitative nature. The instrument used consisted of semi-structured questionnaires. The sample of users with special needs and their companions consisted of 159 individuals, distributed as follows: CEO A (n = 63), CEO B (n = 41), CEO C (n = 32), and CEO D (n = 23).	For patients with special needs, humanization and professional competence are strengths, while accessibility (travel time and waiting time) is the main factor contributing to dissatisfaction with the Dental Specialty Centers (CEOs). They point to accessibility and the referral/counter-referral system as weak points.
[11] “Factors associated with satisfaction with dental services among the elderly”[32]	Rodrigues *et al*., 2012	Revista de Saúde Pública, Brazil	To identify the prevalence and factors associated with older adults’ satisfaction with dental care.	A cross-sectional study involving 495 older adults aged 65 to 74 in the municipality of Montes Claros (MG) between 2008 and 2009, conducted through interviews and home-based oral examinations. The main covariate considered was the type of service used (SUS and other services — private/insurance/charitable). Among the participants, 25.8% (127) used SUS services for dental care.	Dental care through the SUS is directly associated with a higher prevalence of satisfaction among older adults (95.4%) when compared to the private sector or other services.

[12] “Access to and satisfaction with oral health care among persons with HIV/AIDS in Northeastern Brazil”[33]	Maia *et al*., 2021	Health in Debate, Brazil	To evaluate, from the perspective of PLWHA (people living with HIV/AIDS), the use of and satisfaction with public oral health services in a major Brazilian city.	A quantitative, descriptive, and analytical study conducted at all Specialized Care Services (SAE) in Fortaleza (CE). The study population consisted of 2,153 people living with HIV/AIDS (PLWHA) residing in Fortaleza (CE) and registered at all eight municipal SAEs, of whom 241 were included (sample). Data were collected using a structured questionnaire.	People living with HIV/AIDS (PLWHA) report a 73.6% satisfaction rate with dental care at Family Health Centers (CSF) and Dental Specialty Centers (CEO), but they conceal their serological status out of fear of discrimination. Treatment interruption due to a lack of supplies is a critical problem (45.6%). Psychosocial (fear/stigma) and structural (lack of materials) barriers persist, compromising the completion of treatment.
[13] “Availability of dental treatment is associated with satisfaction derived from Primary Health Care Services accessed by the elderly”[34]	Martins *et al*., 2016	Unesp Dental Journal, Brazil	To assess whether the availability of dental treatment in Primary Health Care centers of the Unified Health System (SUS) was associated with greater satisfaction with the service used by elderly residents in two municipal districts of a large Brazilian city.	A cross-sectional study with a sample of independent older adults, residents in the Partenon or Lomba do Pinheiro health districts in Porto Alegre (RS, Brazil). 862 older adults participated in the main study, but only data from 401 older adults linked to PHC, users of UBS or ESF, were included. Home-based oral assessments and interviews were used.	The availability of dental care in Primary Health Care is a strong determinant of satisfaction among older adults, surpassing behavioral and socioeconomic variables. The effective provision of dental care within the health service is the strongest factor for older adults’ satisfaction, regardless of the type of facility (UBS or ESF).

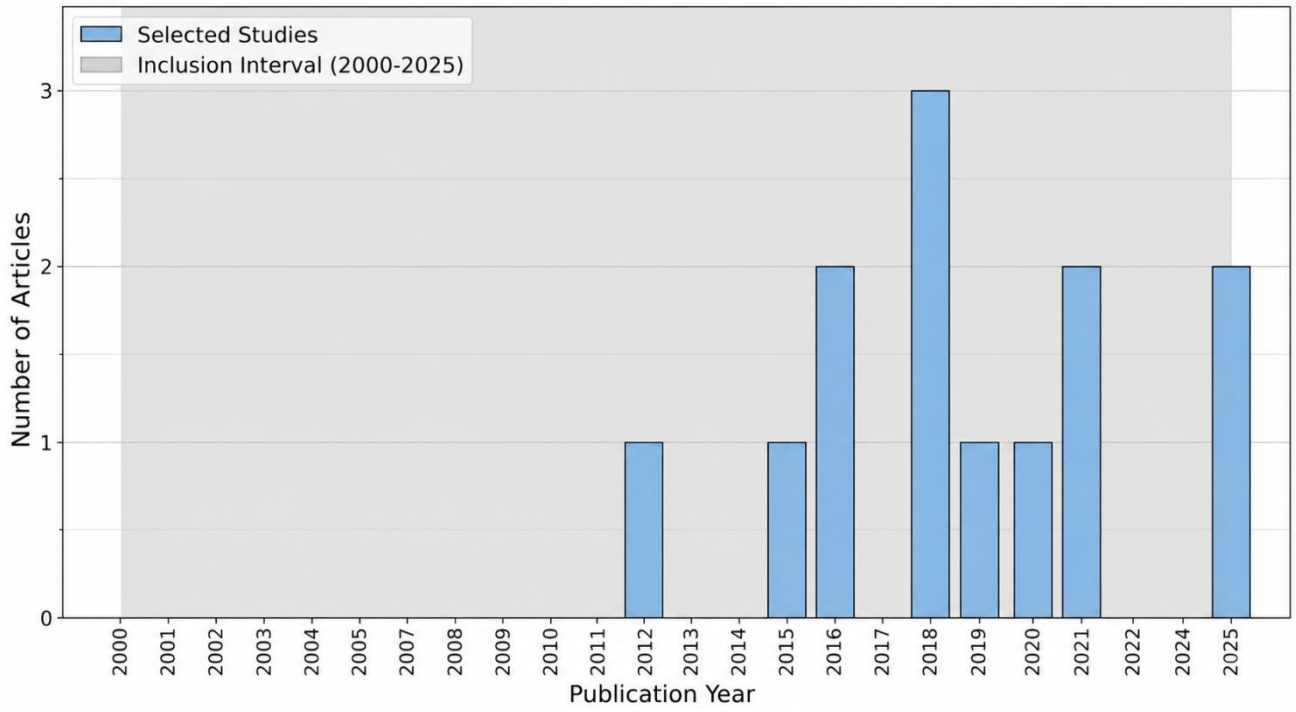
Source: Authors.

All studies included in the review used methodologies applied in Brazil. Although all share the national context, the investigations cover different scales and address only dental services at the primary and secondary levels of oral health care, limiting a comprehensive understanding of the oral health care network.

Regarding the chronological evolution of the included studies, considering the publication criteria set for the period from 2000 to 2025, a gap was observed in scientific publications prior to 2015 that focused on the evaluation of dental services from the users' perspective. This gap is corroborated by the study by Cerdeira and Groisman, who described and analyzed the landscape of studies on the evaluation of oral health services from the users' perspective in Brazil, covering the period from 2000 to 2013, pointing to the scarcity and the need for systematic and multicenter studies in this field of research[35].

In contrast, a significant increase in publications was observed starting in 2015 (Figure 2), a phenomenon that may be related to the creation of the Program for Improving Access and Quality in Primary Care (PMAQ-AB) in 2011 and its subsequent evaluation cycles (2013 and 2015). This program served as an important catalyst for evaluative research from the perspective of SUS users, including dental services, significantly boosting scientific output in this field[36]. Regarding geographic distribution, a concentration of studies was observed in specific municipalities or macro-regions, notably in the states of Minas Gerais[25,26,29,32], São Paulo[27], Rio de Janeiro[31], Ceará[33], and Rio Grande do Sul[34].

Figure 2. Temporal Evolution of the studies included in the scoping review



Source: Authors.

The methodologies applied in the selected studies range from qualitative designs (n= 2), mixed methods (n= 2), systematic reviews (n= 1), and observational/quantitative studies used to assess satisfaction and associated factors at different scales (n= 8). This last category includes both analyses

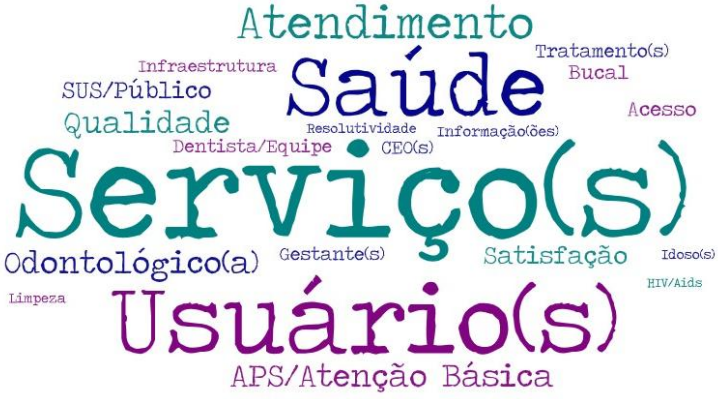
of large national secondary databases (PMAQ-AB, PMAQ-CEO, and SUS telephone surveys) and local surveys conducted in health services or households.

Two studies[25,29] used qualitative methods (interviews) to explore in depth the perceptions, experiences, and meanings attributed by users to SUS dental services. Two studies[27,31] combined qualitative and quantitative approaches (focus groups and/or semi-structured questionnaires) to assess the satisfaction of patients with special needs and their companions, and to understand the teaching-learning process from the perspective of faculty, students, preceptors, administrators, and the community. A systematic review[23] was also included, which synthesized quantitative observational studies on user satisfaction with primary dental services in the SUS published up to 2017.

In addition to the methodological characterization, the analysis of quantitative outcomes revealed a trend toward high overall satisfaction among the studies that measured this indicator. It is observed that most studies reported approval rates above 70%, regardless of the level of care or region of the country, with particular emphasis on the recognition of the quality of professional care, the friendliness of the staff, and the perception of improved oral health after treatment. The highest satisfaction rates were reported by Rodrigues *et al.*[32] at 95.4% and Cavalcanti, Cardoso, and Padilha[22] at 95.3%. Even in studies with comparatively lower ratings, the rates remained at considerable levels, ranging from 79.0%[24] to 73.6%[33], with the lowest approval rate of 65.51% reported by Amorim *et al.*[30].

Based on the study results, it was possible to identify concepts that underpin the theme of this scoping review. To synthesize the terminological density and the central domains identified in the findings of the selected studies, a word cloud (Figure 3) was created based on the frequency of terms extracted from the main findings of the studies, considering not only the quantitative contribution but also the symbolic barriers and experiences reported in the strictly qualitative studies. Variations (singular/plural and gender) and synonymous terms (such as “users” and “patients”) were thus grouped so that the word cloud reflects the semantic strength of the identified concepts, avoiding fragmentation. The WordArt web server[37] was used for the graphical generation and visual systematization of the cloud.

Figure 3. Word cloud of concepts identified from the results of the studies included in the scoping review



Source: Authors.

In the analyzed studies, the evaluation of SUS dental services focused on three main areas: (I) overall user satisfaction; (II) factors associated with satisfaction/dissatisfaction; and (III) qualitative perceptions of care experiences among different population groups (older adults, pregnant women, people with special needs, people living with HIV/AIDS, women in primary care services, and users of Dental Specialty Centers). In summary, the findings indicate that users tend to place greater value on relational aspects (welcoming attitude, active listening, respect) and the actual availability of treatment than on purely structural characteristics of the services.

Regarding satisfaction outcomes, nationwide studies indicate an overall favorable picture for the image of the SUS public oral health services. Amorim *et al*.[30] found that approximately two-thirds of the users surveyed were satisfied with dental services, with higher proportions of positive responses for items such as quality of care, satisfaction with the dentist, and overall evaluation of the service. In Dental Specialty Centers[22,26,31], high levels of satisfaction with facilities, cleanliness, and care were observed, close to or exceeding 80%, although weaknesses remain in referral and counter-referral mechanisms, in addition to users' low awareness of formal channels for social control.

The factors associated with satisfaction and dissatisfaction identified in this review encompass individual, contextual, and organizational dimensions. In a multilevel analysis[24], unmet demand, prolonged waiting times, and residence in certain regions of the country were identified as important determinants of dissatisfaction, suggesting that positive perceptions of services depend heavily on the ability to resolve problems and ensure timely access. Carreiro *et al*.[38] and Pires *et al*.[39] reinforce this pattern, indicating that user satisfaction with oral health care is associated with ease of access, perceived problem-solving ability, and the quality of reception, while dissatisfaction remains concentrated in settings with longer waiting times and lower continuity of care.

The study by Castro[40], conducted with users of primary care oral health teams, revealed that attributes such as continuity with the same dentist, follow-up after referral, and attentive listening during the consultation are central determinants of satisfaction, relativizing the weight of purely individual characteristics. In contrast, the availability of dental care in primary care and effective access to necessary procedures emerge as robust determinants of satisfaction among the elderly, surpassing, in some cases, socioeconomic and behavioral variables. Studies od specific population subgroups, such as people living with HIV/AIDS[33] and patients with special needs[31], indicate that treatment continuity, the availability of supplies, and adequate physical accessibility are critical elements for satisfaction, with treatment interruptions and transportation difficulties emerging as major sources of dissatisfaction.

The subjective perspective of users broadens the understanding of satisfaction beyond numerical indicators. Among pregnant women receiving care in public services, the humanization of care, listening to concerns, and the provision of health education were described as factors that reduce anxiety and fear, although myths and cultural barriers persist that hinder the use of the service during pregnancy[25]. Women using dental services reported that historical exclusion from access and the social and aesthetic value of teeth influence their demands, acknowledging advances in the SUS, especially for children, but pointing out limitations regarding the care of complex restorative needs[29]. In training experiences integrated into primary care, the community perceives the presence of graduate students as a factor enhancing the quality of care, even though the user remains, in many

scenarios, in a predominantly passive role in decision-making processes[27], revealing asymmetries in social recognition.

Users expressed high satisfaction with the dental services provided by the SUS. Conversely, it is noted that the predominance of positive responses may be related to the so-called "gratitude bias," which, as expressed by Silva *et al.*[41], is associated with the subjectivity of satisfaction measurement and the socially asymmetrical position of users vis-à-vis public services, which tends to overestimate favorable evaluations and underreport criticism. This interpretation helps explain the high satisfaction rates found both in the present review and in studies based on PMAQ-AB data and local surveys, suggesting the need to combine satisfaction indicators with other metrics of quality and access[38,39,41].

Evaluations based on the National Program for Improving Access and Quality of Primary Care (PMAQ-AB), used in various studies in the literature on satisfaction and performance in oral health, constitute a now-concluded cycle of quality promotion in Primary Care in Brazil. In November 2019, the Ministry of Health established the Previne Brasil Program through Ordinance No. 2,979/2019[42], breaking with the previous PHC financing model and replacing the PMAQ-AB as of December 2019. The pay-for-performance component of Previne Brasil is now based on a set of nationally agreed-upon indicators, including specific oral health indicators, with a focus on outcomes such as prenatal care and coverage of clinical and preventive oral health interventions, rather than on standardized external evaluation cycles such as those of the PMAQ[42,43].

Proposals for evaluation matrices based on e-SUS APS data have been expanding the scope of oral health service evaluation. One example is the matrix reported by Ferreira *et al.*[44], which uses indicator panels covering access, surveillance, diagnosis, treatment, rehabilitation, promotion, prevention, community participation, and work processes, enabling continuous monitoring of the performance of oral health teams.

Final Considerations

This study aimed to map the scientific literature on the evaluation of dental services in the Unified Health System (SUS) from the users' perspective, describing characteristics, identifying outcomes, and analyzing contexts. Overall, the evidence suggests several relevant implications for practice in SUS dental services.

First, user satisfaction is closely linked to the strengthening of PHC attributes, such as the longitudinal relationship with the same professional, the acceptance of walk-in patients, the provision of oral health counseling, and the guarantee of privacy during care, indicating that organizational interventions in these areas tend to directly impact the perception of quality.

Second, the analyses indicate that expanding treatment availability, reducing wait times, and improving resolution rates — including in specialized services — are fundamental to reducing dissatisfaction, particularly among users with more complex needs, such as older adults with multiple restorative needs, people with special needs, and individuals living with chronic conditions such as HIV/AIDS. The incorporation of the perspectives of specific groups reveals that satisfaction does not preclude the presence of inequalities in access and experiences marked by stigma, fear, or a sense of historical exclusion.

Third, there is a recognized need to more actively involve users in evaluation processes, not merely as survey respondents but as participants in planning, monitoring, and social oversight

forums, which requires strategies for information, training, and empowerment centered on advisory boards and ombudsman offices.

In this regard, the findings of this review suggest that the user perspective should be incorporated as an ongoing component of quality management, rather than merely as a one-time measure. Thus, the user perspective, as mapped in this review, offers concrete insights for reorganizing clinical practices, work processes, and mechanisms for social participation in the dental services of the SUS. It is worth noting that the findings predominantly reflect primary and secondary care, suggesting the need to incorporate the users' perspective into the evaluation of tertiary oral health services in the SUS, such as hospital dentistry and oral and maxillofacial emergency care, to provide a more comprehensive view of healthcare coverage.

This review acknowledges certain limitations. The search was restricted to specific databases (SciELO, LILACS, Oasisbr, and MEDLINE), which may have limited the identification of studies on the evaluation of SUS dental services from the users' perspective. The decision to include only open-access articles published between 2000 and 2025 may have contributed to the exclusion of relevant evidence. Furthermore, the absence of a formal assessment of the methodological quality of the studies, even in line with the PRISMA-ScR recommendations, restricts the ranking of the strength of the evidence. The heterogeneity of measurement instruments and indicators evaluated from the users' perspective also limits direct comparability among all studies.

Consequently, the review highlights important gaps that warrant future studies. There is a need for longitudinally designed studies that track user satisfaction and the experience over time, especially following organizational changes or the implementation of specific oral health policies within the SUS. The still-emerging body of qualitative and participatory research involving users reinforces the need for new methodological designs that delve deeper into dimensions such as equity, social vulnerability, and social control in oral health, going beyond the descriptive measurement of satisfaction.

Finally, we recommend new studies that explore the intersections between satisfaction, access, effectiveness, and equity, with a particular focus on vulnerable groups, so that SUS dental services can advance not only in overall satisfaction levels but also in reducing inequities and realizing the right to oral health.

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References

1. Brasil. Constituição (1988). Constituição da República Federativa do Brasil [Internet]. Brasília: Presidência da República; 2024 [cited Dec 17, 2025]. Available from: https://www.planalto.gov.br/ccivil_03/constituicao/ConstituicaoCompilado.htm

2. Costa AM, Vieira NA. Participação e controle social em saúde. In: Noronha JC, Pereira TR, organizadores. A saúde no Brasil em 2030: prospecção estratégica do sistema de saúde brasileiro: organização e gestão do sistema de saúde [Internet]. Vol. 3. Rio de Janeiro: Fiocruz; Ipea; Ministério da Saúde; Secretaria de Assuntos Estratégicos da Presidência da República; 2013 [cited Dec 17, 2025]. p. 235-271. Available from: https://static.scielo.org/scielobooks/98kjw/pdf/noronha-9788581100173.pdf

3. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União, Brasília, DF, 19 set. 1990

[cited May 8, 2026]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8080.htm

4. Brasil. Lei nº 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Diário Oficial da União, Brasília, DF, 31 dez. 1990 [cited Dec 17, 2025]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8142.htm

5. Brasil. Ministério da Saúde. Secretaria-Executiva. Subsecretaria de Assuntos Administrativos. SUS: a saúde do Brasil [Internet]. 3ª ed. Brasília: Editora do Ministério da Saúde; 2011 [cited Dec 17, 2025]. 36 p. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/sus_saude_brasil_3ed.pdf

6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Passo a passo das ações da Política Nacional de Saúde Bucal [Internet]. Brasília: Ministério da Saúde; 2016 [cited Dec 21, 2025]. 20 p. Available from: http://189.28.128.100/dab/docs/portaldab/publicacoes/Passo_a_Passo_Saude_Bucal_final.pdf

7. Bispo Júnior JP, Martins PC. Participação social na Estratégia de Saúde da Família: análise da percepção de conselheiros de saúde. Saúde Debate [Internet]. 2014 [cited Dec 21, 2025];38(102):440-451. Available from: https://doi.org/10.5935/0103-1104.20140042 doi:10.5935/0103-1104.20140042

8. Brasil. Ministério da Saúde. Portaria nº 648/GM de 28 de março de 2006. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agentes Comunitários de Saúde (PACS). Diário Oficial da União: seção 1, Brasília, DF, n. 61, p. 71-76, 29 mar. 2006 [cited Jan 5, 2026]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/prtGM648_20060328.pdf

9. Catanante GV, Hirooka LB, Porto HS, Bava MCGGC. Participação social na Atenção Primária à Saúde em direção à Agenda 2030. Cien Saude Colet [Internet]. 2017 [cited Dec 17, 2025];22(12):3965-3974. Available from: https://doi.org/10.1590/1413-812320172212.24982017 doi:10.1590/1413-812320172212.24982017

10. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica [Internet]. Brasília: Ministério da Saúde; 2012 [cited Jan 5, 2026]. 110 p. Available from: https://www.gov.br/saude/pt-br/composicao/saps/esf/consultorio-na-rua/arquivos/2012/politica-nacional-de-atencao-basica-pnab.pdf/view

11. Brasil. Ministério da Saúde. Secretaria-Executiva. Secretaria de Vigilância em Saúde. Glossário temático: promoção da saúde [Internet]. Brasília: Ministério da Saúde; 2013 [cited Jan 5, 2026]. 48 p. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/glossario_tematico_promocao_saude.pdf

12. Rolim LB, Cruz RSBLC, Sampaio KJAJ. Participação popular e o controle social como diretriz do SUS: uma revisão narrativa. Saúde Debate [Internet]. 2013 [cited Jan 5, 2026];37(96):139-147. Available from: https://doi.org/10.1590/S0103-11042013000100016 doi:10.1590/S0103-11042013000100016

13. Menezes Filho N, Komatsu BK. Avaliação de impacto de políticas públicas: racionalidade, fundamentos lógicos e experiências das políticas sociais. In: Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia, Inovação e Complexo da Saúde. Departamento de Ciência e Tecnologia. Avaliação de impacto das políticas de saúde: um guia para o SUS [Internet]. Brasília: Ministério da Saúde; 2023 [cited Jan 10, 2026]. p. 125-155. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/avaliacao_impacto_politicas_saude_guia_sus.pdf

14. Bordin D, Fadel CB, Moimaz SAS, Garbin CAS, Saliba NA. Estudo comparativo da satisfação de usuários e profissionais da saúde com o serviço público odontológico. Cien Saúde Colet [Internet]. 2017 [cited Jan 10, 2026];22(1):151-160. Available from: https://doi.org/10.1590/1413-81232017221.13522015 doi:10.1590/1413-81232017221.13522015

15. Roberto LL, Martins AMEBL, Paula AMB, Ferreira EF, Haikal DS. Insatisfação com os serviços odontológicos e fatores associados entre adultos. Cien Saúde Colet [Internet]. 2017 [cited Jan 10, 2026];22(5):1601-1613. Available from: https://doi.org/10.1590/1413-81232017225.17362015 doi:10.1590/1413-81232017225.17362015

16. Camargo Júnior KR, Coeli CM, Moreno AB. Informação e avaliação em saúde. In: Matta GC, Pontes ALM, organizadores. Políticas de saúde: organização e operacionalização do Sistema Único de Saúde [Internet]. Rio de Janeiro: EPSJV/Fiocruz; 2007 [cited Jan 10, 2026]. p. 251-266. Available from: https://www.epsjv.fiocruz.br/sites/default/files/l25.pdf

17. Moimaz SAS, Lima AMC, Garbin CAS, Corrente JE, Saliba NA. Avaliação do usuário sobre o atendimento odontológico no Sistema Único de Saúde: uma abordagem à luz da humanização. Cien Saúde Colet [Internet]. 2016 [cited Jan 10, 2026];21(12):3879-3887. Available from: https://doi.org/10.1590/1413-812320152112.12672015 doi:10.1590/1413-812320152112.12672015

18. Colussi CF, Calvo MCM. Modelo de avaliação da saúde bucal na atenção básica. Cad Saúde Pública [Internet]. 2011 [cited Jan 10, 2026];27(9):1731-1745. Available from: https://doi.org/10.1590/S0102-311X2011000900007 doi:10.1590/S0102-311X2011000900007

19. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. Preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR): checklist [Internet]. [s.d.] [cited Feb 12, 2026]. Available from: https://www.prisma-statement.org/s/PRISMA-ScR-Fillable-Checklist_11Sept2019.pdf

20. JBI. Scoping reviews - resources [Internet]. Adelaide: JBI; [s.d.] [cited Feb 12, 2026]. Available from: https://jbi.global/scoping-review-network/resources

21. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med [Internet]. 2018 [cited Feb 12, 2026];169(7):467-473. Available from: https://doi.org/10.7326/m18-0850 doi:10.7326/m18-0850

22. Cavalcanti YW, Cardoso AMR, Padilha WWN. Satisfaction, resolution and social participation of users of centers for dental specialties in Brazil: a PMAQ-CEO analysis. Pesqui Bras Odontopediatria Clin Integr [Internet]. 2018 [cited Feb 12, 2026];18(1):e3774. Available from: https://docs.bvsalud.org/biblioref/2018/12/966855/54.pdf doi:10.4034/PBOCI.2018.181.58

23. Domingues JP, de Souza WB, Rodrigues RPCB, Paranhos LR, Herval ÁM. Satisfação dos usuários com os serviços públicos odontológicos no Brasil: uma revisão sistemática. Res Soc Dev [Internet]. 2020 [cited Feb 10, 2026];9(11):e4209119766. Available from: https://doi.org/10.33448/rsd-v9i11.10704 doi:10.33448/rsd-v9i11.10704

24. Gonçalves KF, Menegazzo GR, Hilgert JB, Hugo FN, Giordani JMA. Fatores contextuais e individuais associados à insatisfação com a assistência odontológica no Brasil. Cien Saúde Colet [Internet]. 2021 [cited Feb 10, 2026];26(Suppl 2):3715-3724. Available from: https://doi.org/10.1590/1413-81232021269.2.04162020 doi:10.1590/1413-81232021269.2.04162020

25. Castro NCF, Barroso VMGP, Melo HC, Lima CASO, Pinto RS, Zina LG. Changes, desire, fear and beliefs: women's feelings and perceptions about dental care during pregnancy. Int J Environ Res Public Health [Internet]. 2025 [cited Feb 10, 2026];22(8):1211. Available from: https://doi.org/10.3390/ijerph22081211 doi:10.3390/ijerph22081211

26. Kitamura ES, Bastos RR, Palma PV, Leite ICG. Avaliação da satisfação dos usuários dos Centros de Especialidades Odontológicas da macrorregião Sudeste de Minas Gerais, 2013. Epidemiol Serv Saude [Internet]. 2016 [cited Feb 10, 2026];25(1):137-148. Available from: https://www.scielo.br/j/ress/a/gJYR6yrBdgsvtTsjShj3tZR/?lang=pt doi:10.5123/S1679-49742016000100014

27. Pereira ALP, Palacio DC, Ribeiro DV. Connecting knowledge and practice: specialization course in dentistry in public health at Brazilian unified health system - a journey of transformative integration. BMC Med Educ [Internet]. 2025 [cited Feb 10, 2026];25:419. Available from: https://doi.org/10.1186/s12909-025-06987-1 doi:10.1186/s12909-025-06987-1

28. Baumgarten A, da Veiga RSD, Bulgarelli PT, Diesel VM, Bulgarelli AF. Perceptions of primary health care service users regarding dental team practices in Brazil. Primary Health Care Research & Development [Internet]. 2018 [cited Feb 12, 2026];19(3):309-315. Available from: https://doi.org/10.1017/s1463423617000639 doi:10.1017/s1463423617000639

29. Fonseca LLV, Nehmy RMQ, Mota JAC. O valor social dos dentes e o acesso aos serviços odontológicos. Cien. Saúde Colet [Internet]. 2015 [cited Feb 12, 2026];20(10):3129-3138. Available from: https://doi.org/10.1590/1413-812320152010.00172015 doi:10.1590/1413-812320152010.00172015

30. Amorim LP, Senna MIB, Alencar GP, Rodrigues LG, de Paula JS, Ferreira RC. User satisfaction with public oral health services in the Brazilian Unified Health System. BMC Oral Health [Internet]. 2019 [cited Feb 10, 2026];19:126. Available from: https://doi.org/10.1186/s12903-019-0803-8 doi:10.1186/s12903-019-0803-8

31. Gavina VP, Alves NS, Alves FR, Cortellazzi KL, Silveira FM, Assaf AV. Oral Health for Patients with Special Needs: Evaluative Research of the Dental Specialties Centers. Port J Public Health [Internet]. 2018 [cited Feb 10, 2026];36(2):81-94. Available from: https://doi.org/10.1159/000493886 doi:10.1159/000493886

32. Rodrigues CAQ, Silva PLV, Caldeira AP, Pordeus IA, Ferreira RC, Martins AMEBL. Fatores associados à satisfação com serviços odontológicos entre idosos. Rev Saúde Publica [Internet]. 2012 [cited Feb 10, 2026];46(6):1039-1050. Available from: https://doi.org/10.1590/S0034-89102013005000008 doi:10.1590/S0034-89102013005000008

33. Maia LA, Vieira-Meyer APGF, Saintrain MVL, Nuto SAS, Morais APP. Access to and satisfaction with oral health care among persons with HIV/Aids in Northeastern Brazil. Saúde Debate [Internet]. 2021 [cited Feb 10, 2026];45(129):406-419. Available from: https://doi.org/10.1590/0103-1104202112912 doi:10.1590/0103-1104202112912

34. Martins AB, Seibt C, Neves M, Hilgert JB, Hugo FN. Availability of dental treatment is associated with satisfaction derived from Primary Health Care Services accessed by elderly. Rev Odontol UNESP [Internet]. 2016 [cited Feb 10, 2026];45(6):344-350. Available from: https://doi.org/10.1590/1807-2577.06116 doi:10.1590/1807-2577.06116

35. Cerdeira LCR, Groisman S. Qualidade dos serviços de saúde bucal sob a perspectiva do usuário. Rev Bras Odontol [Internet]. 2014 [cited Feb 10, 2026];71(2):203-207. Available from: http://revodonto.bvsalud.org/scielo.php?script=sci_arttext&pid=S0034-72722014000200019 doi:10.18363/rbo.v71n2.p.203

36. França MASA, Freire MCM, Pereira EM, Marcelo VC. Indicadores de saúde bucal propostos pelo Ministério da Saúde para monitoramento e avaliação das ações no Sistema Único de Saúde: pesquisa documental, 2000-2017. Epidemiol Serv Saude [Internet]. 2020 [cited Feb 10, 2026];29(1):e2018406. Available from: https://doi.org/10.5123/s1679-49742020000100002 doi:10.5123/s1679-49742020000100002

37. WordArt.com. Create [Internet]. [s.l.]: WordArt.com; [s.d.] [cited Feb 12, 2026]. Available from: https://wordart.com/create

38. Carreiro DL, Oliveira RFR, Coutinho WLM, Martins AMEBL, Haikal DS. Avaliação da satisfação com a assistência odontológica na perspectiva de usuários brasileiros adultos: análise multinível. Cien Saúde Colet [Internet]. 2018 [cited Feb 10, 2026];23(12):4339-4349. Available from: https://doi.org/10.1590/1413-812320182312.32792016 doi:10.1590/1413-812320182312.32792016

39. Pires HF, Limão NP, Protasio APL, Valença AMG. Fatores associados à satisfação dos usuários com a atenção à saúde bucal na Paraíba, 2014. Saúde Debate [Internet]. 2020 [cited Feb 10, 2026];44(125):451-464. Available from: https://doi.org/10.1590/0103-1104202012513 doi:10.1590/0103-1104202012513

40. Castro CM. Satisfação dos usuários com as equipes de saúde bucal da atenção primária no Brasil e fatores associados: dados do 3º ciclo do PMAQ-AB [Dissertação]. São Luís: Programa de Pós-graduação em REDE, Universidade Federal do Maranhão; 2022 [cited Feb 20, 2026]. Available from: https://tedebc.ufma.br/jspui/handle/tede/4301

41. Silva MFVM, Lima MES, Soares MAP, Figueiredo N. Avaliação da satisfação do usuário no serviço de saúde bucal: revisão integrativa da literatura. Cad Saúde Colet [Internet]. 2022 [cited Feb 10, 2026];30(3):460-470. Available from: https://doi.org/10.1590/1414-462X202230030439 doi:10.1590/1414-462X202230030439

42. Brasil. Ministério da Saúde. Portaria nº 2.979, de 12 de novembro de 2019. Institui o Programa Previne Brasil, que estabelece novo modelo de financiamento de custeio da Atenção Primária à Saúde no âmbito do Sistema Único de Saúde, por meio da alteração da Portaria de Consolidação nº 6/GM/MS, de 28 de setembro de 2017. Diário Oficial da União: seção 1, Brasília, DF, ed. 220, p. 97, 13 nov. 2019 [cited Feb 20, 2026]. Available from: https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/m/malaria/legislacao/portaria-no-2979-2019

43. Costa NR, Silva PRF, Jatobá A. A avaliação de desempenho da atenção primária: balanço e perspectiva para o programa Previne Brasil. Saúde Debate [Internet]. 2022 [cited Feb 10, 2026];46(spe8):8-20. Available from: https://doi.org/10.1590/0103-11042022E801 doi:10.1590/0103-11042022E801

44. Ferreira RC, Chalub LLFH, Amaral JHL, Pinto RS, Santos JS, Campos FL, et al. Indicadores para monitoramento de serviços de saúde bucal na atenção primária: validação de conteúdo e mensurabilidade. Cien Saude Colet [Internet]. 2025 [cited Feb 10, 2026];30(2):1-23. Available from: https://doi.org/10.1590/1413-81232025302.088702023 doi:10.1590/1413-81232025302.08870202

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Da Silva M.S. contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content, and approval of the final version of the article.
Fiuza T.M. contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content, and approval of the final version of the article.
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